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ABSTRACT

This guide was prepared to assist new health occupations teachers in the state of Washington to conduct their courses on the secondary level. The guide helps health care practitioners to answer such questions as: (1) What are health occupations and what kinds of programs are found in secondary education? (2) What kinds of regulations affect health occupations programs in public schools? and (3) What topics should be taught, where are resources found, and how can a curriculum be developed? Since the majority of secondary health occupations programs in Washington are for training nursing assistants, many of the examples and some of the detail in this guide are aimed at the nursing assistant programs. However, the overall focus of the guide is on secondary health occupations programs in general. The guide specifies and clarifies the minimum standards for a program while suggesting possible alternatives. Topics covered in the guide include general considerations about the health occupations education program in the state, planning health occupations programs, and program content. Appendixes to the guide contain rules and regulations, resources, and an annotated bibliography. (KC)

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A SECONDARY CURRICULUM GUIDE FOR HEALTH OCCUPATIONS EDUCATION IN WASHINGTON STATE

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CE 035874

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Suggestions and ideas from the other members of the project advisory committee--Joan Cox, R.N.; Betty Finocchio, R.N.; Mary Mayhew, R.N.; Ann Merrill, R.N.; and Gloria Nieman, C.D.A.--became a critical part of the final version of the Guide. Their abilities to help me thresh the wheat from the chaff in the initial draft was no small accomplishment. Special acknowledgement must go to Ann Merrill for her prompt and thorough response to my special requests for assistance.

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INTRODUCTION

PURPOSE OF THE GUIDE

Making the move from healthcare practitioner to health occupations teacher involves far more than a change in title. The health professional who is suddenly a public school teacher needs help in adapting to that new role, learning---

> What is health occupations and what kind of programs are found in secondary education?
>
> What kind of regulations affect health occupations programs in public schools?
>
> What topics should I teach, where do I find resources, and how can I develop my own curriculum?

The purpose of this Guide is to provide as many answers as possible to these and the many other questions confronting new health occupations teachers.

By far the majority of secondary health occupations programs in Washington are for training nursing assistants. Correspondingly, many of the examples and some of the detail in this Guide are aimed at the nursing assistant programs. However, the overall focus of the Guide is on secondary health occupations programs in general, and most sections are equally appropriate for teachers in any secondary health occupations program in the state.

While each type of health occupations program must meet certain standards for approval, a great deal of flexibility is allowed. This Guide was designed to specify and clarify these minimum standards while suggesting possible alternatives within the areas of flexibility.

The hope has been to put together a document that will be useful to several audiences. Beginning health occupations teachers will learn how to set up a new program, what needs to be included in course content, and where to go for additional help. More experienced instructors may pick up some ideas and compare their curricula to current regulations. Vocational education administrators and cooperating health professionals will have a document which describes the programs being offered at the secondary level.

For all audiences, the Guide pulls together descriptive information, appropriate rules and regulations, and resource information into a single document dedicated to secondary health occupations programs in Washington State.

CLARIFICATION OF ACRONYMS

We may love them, hate them or simply tolerate them, but acronyms seem to be here to stay. Government agencies and professional organizations seem especially prone to "acronymism" because their names tend toward the laborious. Because this Guide refers frequently to organizations that are better known by their initials than their names, this section has been included to avoid the need to spell out complete names with each reference.

Throughout the subsequent text, the following acronyms will be used:

CVE: Washington State Commission for Vocational Education
Building 17, Airdustrial Park, MS LS-10
Olympia, WA 98504
1-206-753-5662
SCAN 234-5662

ERIC: The Educational Resource Information Center, a national clearinghouse that catalogs educational reports, guides and other resource documents. Access to the system is available in the libraries of colleges and universities that have teacher training programs. Computer searches of the ERIC system are generally available from these same libraries and through the RCU.

NWVCMC: Northwestern Vocational Curriculum Management Center
Building 17, Airdustrial Park
Olympia, WA 98504
1-206-753-0879
SCAN 234-0879

RCU: Research Coordinating Unit, a division of CVE
Same address as CVE
1-206-753-5672
SCAN 234-5672

SPI: Office of the Superintendent of Public Instruction
Division of Vocational Technical Education and Adult Education Services
7510 Armstrong St. SW FG-11
Tumwater, WA 98504

T & I, T & HO: Trade & Industrial, Technical and Health Occupations
(The Subdivision of SPI responsible for secondary health occupations programs)
Same address as SPI
1-206-753-5675
SCAN 234-5675

WHOEA: Washington Health Occupations Education Association

WVA: Washington Vocational Association

PHILOSOPHY FOR HEALTH OCCUPATIONS EDUCATION

In December, 1980, Dr. Wilma Gillespie[1] made a presentation to the Health Occupation subsection of the American Vocational Association in New Orleans. In her remarks, Dr. Gillespie made the point that health occupations teachers are members of two professions: They are credentialed professionals in a health occupation and they are professional teachers. As such, they are also members of two social systems--health care delivery and education.

A philosophy for secondary programs in health occupations education can be based on the premise expressed by Dr. Gillespie. The content of such programs must reflect the current practices and high standards of the health occupation for which they are training practitioners. They must also reflect the unique foundations of vocational education that have made that educational system so successful in helping provide America's trained work force.

A similar dual philosophical base has been carried over into the development of this curriculum guide. Since all health occupations teachers are experienced as health care practitioners but most are unfamiliar with the philosophies and unique characteristics of vocational education, a more predominant role has been alloted to the latter. Information on getting program approval, establishing and working with advisory committees, incorporating student leadership concepts, and developing vocational curriculum are included. More specific to the health care aspect of the guide is information on suggested/required course content, instructor qualifications, and rules and regulations specified by state law and the Washington State Board of Nursing.

This merging of vocational education and the health care industry provides an opportunity to develop consistently well trained workers in various health occupations throughout the State of Washington.

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[1] Dr. Gillespie is a long-time leader in health occupations teacher education at the national level. At the time of her presentation in New Orleans, she was a health occupations teacher educator at the University of Louisville, Kentucky.

GENERAL CONSIDERATIONS

SECONDARY HEALTH OCCUPATIONS PROGRAMS IN WASHINGTON STATE

According to the "1981-82 District-wide Plan for Vocational Education" (Washington State Office of SPI, 1981) for the State of Washington, health occupations education programs are defined as:

> ...the body of related subject matter, or the body of related courses and planned experiences designed to impart knowledge and develop understanding and skills required to support the health professions. Instruction is organized to prepare and/or upgrade students for occupational objectives concerned with assisting qualified personnel in providing diagnostic, therapeutic, preventative, restoration and rehabilitative services to people including understanding and skills essential or provide care and health services to patients. (p. 2a).

In practice, these health occupations programs in public secondary schools are primarily those designed to prepare Nursing Assistants (Nurse's Aides and Orderlies). Smaller in number but no less important are programs for preparing Dental Assistants and Medical Office Assistants.

The institutions offering these programs on the secondary level include not only high schools, but also vocational skills centers and, to to a small extent, vocational-technical institutes (VTIs). The growth of the vocational skills centers during the past five years or so has contributed greatly to the increased number of quality health occupations programs available to high school students. Appendix A includes descriptions and Dictionary of Occupational Titles (DOT) codes for those health occupations programs offered at the secondary level in our state.

The content of health occupations programs is derived in part from professional standards and the advice of health professionals. The section of this Guide labeled "Program Content" specifies much of that detail and explains alternative ways of determining what health topics should be taught.

A second source of content is derived from the broad field of vocational education, of which health occupations is a part. A relatively recent impact on vocational education was the Washington State Student Learning Objectives Law, which required local school districts to develop a student learning objectives (S.L.O.) system to assess student achievement. For the purpose of implementing the law, student learning objectives were defined as general outcomes expected to occur as the result of instruction.

Collections of S.L.O.s were developed for Trade and Industry and Health Occupations subjects as a way of assisting local school districts to implement the S.L.O. Law. Each collection contains S.L.O. statements, achievement indicators (examples of what students might do to show they have met the objective), suggestions for implementation, a sample record and a copy of the S.L.O. Task Force Report.

Two of these collections were related to health occupations programs: Dental Assisting-Clerical and Nursing Assistant and Orderly. While the achievement indicators and suggestions for implementation varied by content area, the S.L.O.s themselves were identical in five cases and similar in the other two. The S.L.O.s provide a broad look at the content in both programs:

S.L.O. #1

The student demonstrates positive attitudes and work habits that contribute to success in training and employment.

S.L.O. #2 (Dental Assisting - Clerical)

The student knows and demonstrates skills in the use of dental instruments, dental materials, and processes to provide a service.

S.L.O. #2 (Nursing Assistant and Orderly)

The student knows and demonstrates skills in the use of equipment and supplies, and performs procedures to deliver health care services.

S.L.O. #3

The student demonstrates skills and attitudes that contribute to safe working conditions.

S.L.O. #4

The student accepts the responsibilities of leadership and followership.

S.L.O. #5 (Nursing Assistant and Orderly)

The student understands the importance of ethics and the law in the delivery of health care.

S.L.O. #5 (Dental Assisting - Clerical)

The student understands the basic principles of business operation, ethical practice, and procedures.

S.L.O. #6

The student applies knowledge to make career decisions and secure employment.

S.L.O. #7

The student is aware of laws, codes, regulations, and labor/management agreements that govern business and work.

Student Learning Objectives collections may be obtained by contacting:

Research Coordinating Unit
Washington State Commission for
Vocational Education
Building 17, Airdustrial Park
MS LS-10
Olympia, WA 98504

Phone: 753-5662

or

Office of Trade, Industrial,
Technical and Health
Occupations
DIVISION OF VOCATIONAL-TECHNICAL AND ADULT EDUCATION
SERVICE
Office of Superintendent of
Public Instruction
7510 Armstrong St. SW
MS FG-11
Tumwater, WA 98504

Phone: 753-5675

RULES AND REGULATIONS FOR HEALTH OCCUPATIONS PROGRAMS

Regulations and laws in Washington State that address the issues of student workers and health care employment have a direct bearing on the curricula of health occupations programs. Two documents are considered in the Guide. Excepts from the Minor Work Permit Regulations are included below and a copy of the Law Relating to Nursing Assistant Training can be found in Appendix C.

Minor Work Permit Regulations

A complete copy of these regulations, revised effective June 16, 1976, can be obtained from any Job Employment Service Office or from your vocational director. The most critical portions for teachers of health occupations programs are these:

WAC 296-125-030 PROHIBITED AND HAZARDOUS EMPLOYMENT.

(2) The following types of work are prohibited for all minors:
    (c) Work as nurses' aid, unless the minor is a student in a bona fide nursing training program[1] or has successfully completed such a program.

WAC 296-125-043 MINIMUM WAGES FOR MINORS.

(3) These minimum wage provisions shall not apply when a minor student is in a work place to carry out an occupational training experience assignment directly supervised on the premises by a school official or an employer under contract with a school and when no appreciable benefit is rendered to the employer by the presence of the minor student.

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[1] Nursing assistant programs approved by CVE and SPI are considered bona fide programs by the Washington Department of Labor and Industries.

QUESTIONS FREQUENTLY ASKED BY NEW HEALTH OCCUPATIONS INSTRUCTORS

Many of the concerns of new health occupation teachers are common ones, voiced year after year by those new to the teaching profession. This section of the Guide provides answers to some of those commonly asked questions.

Q *I'm a new teacher and I have questions about so many things! How can I find other health occupations teachers to share problems and solutions?*

A Vocational health occupations teachers from across the state have formed their own professional organization, the Washington Health Occupations Education Association (WHOEA). This group is a subsection of the T & I, T & HO section of the Washington Vocational Association (WVA) and traditionally sponsors an in-service workshop specifically for health occupations teachers during the WVA summer conference. Additional workshops are generally held in October and March, usually in a central Washington location.

WHOEA provides an excellent opportunity for health occupation teachers to get together several times a year and share ideas, curriculum materials, and common concerns. Dues are reasonable and the information gained is invaluable. Contact the program specialist for T & I, T & HO at SPI for the name of the current WHOEA president.

Q *I'd like to use films and other audiovisual aids in my teaching, but my budget doesn't allow for purchase or expensive rentals. Any suggestions?*

A Work through your local school district librarian. You will not only learn about sources of audiovisual materials, but elicit support for your program as well. Another potential source is your Educational Service District (ESD) office, which keeps a supply of films and other audiovisual aids for use by schools in their district. Other sources are the community colleges and state universities in your area which may have A-V aids to loan. Costs are usually minimal, and the selection is often broader than the ESDs. Your local school library may have copies of various indexes to audiovisual materials, or order your own copy. Finally, consult with other health occupations teachers. They will often have recommendations of film titles appropriate to your program, and suggestions for where to order them.

Q *Where can I find out about courses I need for vocational certification?*

A Ask your vocational director or person responsible for vocational education in your district. They should have, or be able to get, information about course content and location.

Or, contact the Vocational Certification Specialist at SPI. This person is responsible for providing up-to-date information on vocational certification for teachers in all content areas.

Q *How do I choose an appropriate textbook for my health occupations class?*

A Contact the T & I, T & HO program specialist at SPI for a list of commonly used texts. Check with other teachers of health occupations classes to find out which texts they use and why.

Book publishers will often send free desk copies or review copies to teachers looking to buy texts. Consult the Directory of Information Resources, Appendix B, for names and addresses.

Q *Help! I've developed so many content outlines, student handouts and other papers that I'm beginning to feel overwhelmed. How can I keep all this material organized so I can find what I need when I need it?*

A Many teachers find the use of large, 3-ring notebooks effective in keeping papers organized. Separate the notebook by unit, then file outlines, lesson plans, handouts and tests accordingly.

Q *Now that I'm teaching instead of practicing my health profession, I'm worried about keeping up-to-date on my technical skills.*

A It may take a bit of creativity and personal time to keep your technical skills sharpened, but it can (and must!) be done. Here are some suggestions:

1. Keep active in your professional organization. Attend workshops to learn new techniques, talk with other professionals, and faithfully read your professional journals.
2. Work part-time during the summer vacations in a health care facility. You can help the facility by providing vacation relief for employees. At the same time, you are keeping your skills up-to-date and providing good public relations for your program.

3. Utilize your supervisory time effectively. While you are in your cooperating facilities supervising students, take time to observe new techniques and ask questions. Your obvious interest in continued learning provides a good role model for your students.

4. Consider pursuing a graduate degree in your profession. You will be given the chance to really focus on at least one aspect of your field.

Q *What opportunities are there for me to keep improving my ability to teach?*

A Some opportunities will be required, others optional. The following suggestions can get you started.

1. Courses required for vocational certification almost all relate to your development as a teacher. Information about these courses was discussed in a previous question.

2. Inservice programs will be offered periodically in your school district. For example, many Washington school districts have offered training in ITIP (Instructional Theory Into Practice), lessons which give teachers practical and workable advice on making their teaching more effective.

3. College or university courses may be appropriate. Graduate or undergraduate courses in education can be an excellent source of new ideas and techniques.

4. The Washington Vocational Association summer conference sponsors presentations on improving various aspects of teaching -- teaching strategies, curriculum development, materials production and test construction, for example. The conference also provides the opportunity to meet other vocational teachers and exchange ideas.

5. Becoming a member of the American Vocational Association (AVA) puts you on the mailing list of VocEd, the journal of the AVA. Articles in VocEd are aimed at practicing vocational teachers and are an excellent source of ideas for keeping yourself up-to-date as a vocational instructor.

Q *Last year I missed out on buying some needed instructional materials because I didn't know the money was available. How do I make sure this doesn't happen again?*

A You should know just what your program has been budgeted so you can plan purchases throughout the year. Ask your administrator for the figures. You should have line item amounts for texts, transportation, supplies, and other major categories. If possible, work with your administrator in setting the budget amounts for your program.

Remember that occasionally a "windfall" will release money for program purchases with very little advance warning. It is a good idea to keep an up-to-date priority list of equipment and supplies so you will be prepared to take advantage of such an opportunity.

Q *Are students in health occupations programs required to wear uniforms or not? If they are, who pays for them, the program or the students?*

A Whether or not students need uniforms or lab coats depends on the nature of the program, but whether or not they are required is a matter of teacher discretion. The decision about who pays for the uniforms is often a matter of school district policy. Check with your vocational director for the policy in your district.

WORKING AS A SCHOOL DISTRICT EMPLOYEE

Most new health occupations teachers agree that the most confusing part of their job is learning the ins and outs of functioning as an employee of a school district. No amount of working, or even teaching, in a health care setting prepares one for this new role in a new environment.

To help ease the transition, this section of the Guide discusses several topics of special concern to health professionals who are suddenly public school employees.

Becoming Part of the Team

If you are a new health occupations teacher, you may feel somewhat isolated from the other school faculty at first. This is perfectly natural. After all, you are the "new kid on the block" and your background and training may be very different from the other teachers. Unfortunately, some new teachers make very little effort to overcome this feeling of separateness.

Don't let this happen to you!

New teachers can rapidly become part of the school team with a little extra effort. For example:

1. Don't hesitate to make the first move. Others may not recognize your feeling of being left out, but will almost always respond positively to your request of "May I join you?"
2. Become an active member of the faculty. Attend meetings, volunteer for assignments - soon you will be indispensable!

Grading and Attendance

What are the district regulations relating to grading student work and taking attendance? These regulations may vary from one district to another and it is essential that teachers know what is required in their school. Specifics on these and other regulations determined by district policy can be found in the teacher's manual developed for each school or district.

Student Fund Raising

As students become involved in youth leadership activities, an inevitable outgrowth is interest in attending meetings away from home. Result? A need to raise money. But proceed with caution. Fund raising activities are notorious for getting well-intentioned students and their teachers in trouble with the business community and/or the school.

The best way to prevent such problems is to go through the proper channels from the beginning. Work with your district/school student activities director and become knowledgeable about school policies related to fund raising. The policies have no doubt been developed to prevent the very problems you are trying to avoid.

Communication with Parents and Community

The fact that vocational classes are action oriented and allow students the chance to work outside the school results in the need for some special communication skills by the vocational teacher. You must be able to communicate effectively, not only with your school district colleagues and administrators, but also with those in the community who interact with your program and with the parents of your students.

Experienced teachers have shared some of their secrets for success in building positive relationships with those outside the school. For example:

1. After students are enrolled in your program, send a letter to their parents outlining the goals of your program and explaining what the student will reasonably obtain. Let the parents know how and when they can reach you to answer questions or discuss the program or the student.
2. Take the time to learn more about the professionals who work with your students. Maintain a professional but friendly demeanor as you supervise students in their clinical facilities.
3. Hold an open house during the year where parents and cooperating health care professionals can visit your laboratory and classroom.
4. End the year with an appreciation activity -- perhaps a dinner or tea. This provides an opportunity to honor community members and advisory committee members who have supported the program and to recognize special student achievements. This is also an appropriate time to hand out program completion certificates.

Summary

The points covered in this part of the Guide are just a beginning, but they represent some of the issues raised repeatedly by new health occupations teachers. As other problems arise, consult with your vocational director, your school principal or with fellow teachers to learn the ropes of being a part of a school faculty. The extra effort is bound to pay off.

PLANNING HEALTH OCCUPATIONS PROGRAMS

GAINING PROGRAM APPROVAL

New vocational education programs in Washington must be approved by personnel in SPI before the program is eligible to receive federal vocational funds. While the approval process is the responsibility of the vocational director or administrator, the instructor may be asked to assist and should be aware of how the process works. Three primary steps are involved.

1. A copy of the current planning packet for new vocational programs is obtained from the program specialist for T & I, T & HO at SPI. The packet will contain a description of current program standards for all vocational areas and examples of forms that must be completed.

2. A proposal is prepared for new program approval according to the standards outlined in the packet from SPI

3. To accompany the proposal, a course outline is prepared which details the scope and sequence of the topics to be covered in the proposed program. For nursing assistant programs, the content must meet the standards of the Washington State Board of Nursing (see the separate section in this Guide for a list of these standards and an example of the form used to evaluate curriculum).

If you are one of those lucky teachers to be hired before your program has received its official stamp of approval, take advantage of this fact by becoming directly involved in this approval stage. It is inevitably a valuable learning experience.

VOCATIONAL CURRICULUM DEVELOPMENT

In spite of its rather unique subject matter and strong ties to the community, vocational education is able to draw on curriculum concepts common to all of education. Setting goals, developing objectives, and planning instruction are required of educators everywhere.

This section of the Guide describes a general system of curriculum development, the Sequential Approach, which includes some aspects unique to vocational education. The section also includes a general discussion of evaluation as it relates to students, to the instruction, and to the overall program.

The Sequential Approach

If this is your first experience in being responsible for developing curriculum, the task may seem formidable. But, like any other job, planning is the key to success. The system described in the subsequent paragraphs is one approach for developing curricula in vocational education. The process is labeled the Sequential Approach because the various parts of the curriculum naturally lead from one to another. This system not only results in an integrated curriculum, but the process is simplified as well.

In brief, the Sequential Approach specifies three major sections of the curriculum: (1) assessing needs, (2) setting program/course goals, and (3) developing instructional units. The needs assessment step helps establish why the program should be developed. The goals describe in general terms what the students will be able to do when they finish the course. The instructional units identify specific student objectives for each goal, detail the content to be covered, specify the student learning activities, and assess student learning.

Assessing Needs

Documenting need for a vocational program provides a source of accountability from the beginning of the curriculum development process. The question is, whose needs are we documenting? In vocational education, two sources of needs should be considered: occupational needs and student needs.

Occupational Needs

Health occupations programs should be justified by showing a need for additional trained personnel in the field. Such justification is needed not only when a program is first established, but periodically, perhaps yearly, to assure that the needs still exist. Documentation can (and should) come from several sources:

1. Advisory committee recommendation. An effective advisory committee will include members who are prospective employers of the program graduates. A recommendation from an influential and representative advisory committee builds a strong need for a new program. (Note: See separate section on Advisory Committees, page 43.)

2. Local survey results. A simple survey of potential local employers provides evidence of need for a new program (providing the survey results back up your claim!). The most cost-effective types of survey are the telephone or mail types. (See Appendix D for an example.)

3. State Employment Service data. Immediate and projected needs for program graduates can often be documented by statistics from local area State Employment Service (SES) office. Depending on the community in question, both local and regional data may be available.

4. Occupational Outlook Handbook data. The Occupational Outlook Handbook (OOH) (U. S. Department of Labor, 1980) is available in most libraries and from school counselors. The latest edition of the book is a good source of information regarding short- and long-term forecasts of job opportunities in every field. While the focus is national, rather than just local or regional, this data can be used in a supplementary manner. For example, projections from the OOH can be used to show a national need for trained workers in the field, SES data could provide evidence of state and regional need, and a local survey could prove the need in your community.

Student Needs

Students vary in their interests, knowledge, and future ambitions. Designing vocational programs for this diverse group requires that educators learn as much as possible about their "clients". This student-focused aspect of the needs assessment should address three topics: interest, abilities, and long-term goals.

Student interest. A successful health occupations program starts with students who are aware of the requirements of the program and of their own abilities. These students can make intelligent choices about embarking on a health career. Determining student interest in a program can be documented by:

1. Testing. Standardized student interest inventories are available and can be administered by qualified persons (usually the school counselor).

2. Informal surveys. Before students actually enroll in your class or at the beginning of the school year, a simple written survey can give you a great deal of information about their interests and future plans. Appendix F has sample survey forms.

3. Requests for information. Keep track of the number of students (and parents) who contact you about your program. Ask the school counselor to share any requests they get about your program or about health careers in general.

Student abilities. The more you know about what your students already know, the easier it is to develop an effective educational program for them. Learning about potential student abilities can be accomplished by:

1. Reviewing student records. Check with your school administrator to find out if this is possible.

2. Discussions with other educators. Teachers and administrators with experience in your school setting can give you a good idea of the probable abilities of your students.

3. Testing the students. As students enter your program, you can administer pretests (formally or informally) to determine student abilities in selected areas.

Student goals. The primary purpose of any vocational program is preparing students to get jobs. But a secondary purpose is often to prepare students to advance on the career ladder. The goals of your program will depend to a certain extent on what students plan to do when they graduate--both short-term and long-term goals. Two ways to help gather this information are:

1. Examine school trends. The percentage of students from a given school who go on for further education and the percent who find jobs after graduation stays remarkably stable from year to year. The figures from your school can give you a good idea what your students are likely to do.

2. Ask the students. The students themselves are probably the best source of information about their future plans.

For further reference on assessing needs as a basis for curriculum development, consider:

Orlich, Donald C. Conducting meaningful needs assessments. Pullman: Washington State University, Department of Education, 1981.

Paul, Krishan K. and Braden, Paul V. "Aligning vocational programs with employer needs," in Aleene A. Cross (Ed), Vocational instruction. Arlington, VA: American Vocational Association, 1979.

Washington State University, Curriculum for graduate program to prepare vocational education curriculum specialists. Module 2: Evaluating and using needs assessment and manpower information. Pullman: Washington State University. Department of Education, 1976. (Availa[illegible]rom the NWVCMC.)

Setting Program Goals

What is the purpose of your health occupations program? What major accomplishments do you expect students to achieve? The answers to these questions can be stated in terms of student goals. The emphasis on goals is on student achievements--not what the teacher will do or what the course/program will accomplish.

The needs assessment data previously described can be used as a primary source for setting goals. The needs of students and of the occupation should be developed into goal statements. For example, if an analysis of the occupation shows a need for safety on the job, one of the goals might be:

The student demonstrates skills and attitudes that contribute to safe working conditions.

Using the Sequential Approach, the course goals and unit goals are one and the same. Each unit goal is the basis for a separate instructional unit. These units represent the basic components or sections of instructional content.

As an example of how this approach to curriculum development might work in health occupations, consider a typical course in health careers. Dividing the content into major areas, the results might be:

1. Orientation to health careers.
2. Personal, vocational and public relations.
3. First aid and medical self help.
4. Basic nutrition.
5. Anatomy and physiology.
6. Medical terminology.
7. Basic principles and skills for health careers.
8. Growth and development.
9. Conditions of illnesses.

Each of these topics would have a related goal. For example, a goal for the first topic could be stated as:

> *Students will be able to identify career opportunities and requirements in a variety of health fields.*

Note that unit goals are broad in nature, but are directly related to the topic of the unit. Note also that at the goal level, no specific methods are mentioned, nor are specific behaviors or criteria of performance included. Sometimes more than one goal will be appropriate for each main topic.

As you develop program/course goals, evaluate their appropriateness by asking these questions:

1. Are the goals consistent with needs (student and employment)?

2. Are the statements clear and understandable to students, parents, teachers and administrators?

3. Are the goals consistent with your stated philosophy?

4. Are the goals consistent with district goals?

5. Does the list of course goals cover the gamut for appropriate content?

If the answers are yes, you are ready to develop instructional units. A separate unit is developed for each major topic.

Additional information on setting goals can be found in the following references:

Tyler, Ralph W. "Curriculum planning in vocational education," in Aleene A. Cross (Ed), Vocational instruction. Arlington, VA: American Vocational Association, 1979.

Washington State University. Curriculum for graduate program to prepare vocational educational curriculum specialists. Module 1: Developing curriculum: Goals, objectives, and instructional plans. Pullman: Washington State University. Department of Education, 1976. (Available from the NWVCMC).

Developing Instructional Units

Instructional units are prefaced by restating the unit goal or goals. Student learning objectives are then developed to specify student behaviors in more detail. Next, a detailed content outline is developed to identify the information to be taught. Finally, student learning activities identify the means for attaining the ends (student objectives).

Writing Behaviorial Objectives

Comprehensive behaviorial objectives usually contain at least three elements to assure that there is no confusion about just what is required.

1. observable behavior on the part of the learner;
2. conditions under which the learner behavior is to occur; and
3. minimally acceptable performance on the part of the learner.

Following is an example of a behavior objective which contains all three elements:

> *In any health care situation, whether real or simulated, the student will transmit and receive verbal messages accurately.*

For this objective, all three elements are present. The observable behavior is "*transmit and receive direct verbal messages*". The conditions are "*In any health care situation, whether real or simulated*". And the minimally acceptable performance in this case is "*accurately*"--if messages were not transmitted accurately, the student would not have successfully performed the objective.

Here are some additional examples of properly written behaviorial objectives:

1. *For any current, controversial issue in health occupations education or in the delivery of health care, the student will be able to summarize both sides of an issue and/or to take one side and defend it orally or in writing.*

   (In this example, the specifics on acceptable performance are not stated, but are assumed to be at the teacher's discretion. This is acceptable as long as the intent of the objective is clear to the reader.)

2. *In any real or simulated situation, students will be able to demonstrate proper handwashing technique.*

3. *The health care worker will be able to describe the organizational units in a health care institution as to kinds and nature of service. The description should include both business management and patient care units.*

Remember that the behavioral objectives are directly derived from the instructional (unit) goals. So if the unit goal is:

> *The students will apply knowledge to make career decisions and secure employment.*

then the behavioral objectives for the unit might include:

1. *The student will be able to complete a job application form completely and accurately.*

2. *In a simulated situation, the student will participate in a job interview as a prospective employee. Success of the interview will be judged on proper dress and grooming, positive bearing and self confidence, and appropriate answers to the employer's questions.*

3. *The student will be able to describe the education needed and opportunities available for specific careers within the health care field.*

The number of objectives related to each goal will vary according to the depth of the subject matter.

After the objectives have been written, they can be evaluated by asking the following questions:

1. Are the objectives consistent with the level and abilities of the students?

2. Do the objectives relate relevant attitudes, knowledge, and skills to jobs for which students are training?

3. Are the objectives feasible within time and budget available?

4. Are the statements clear and understandable to students, parents, teachers and administrators?

5. Do the objectives establish learning directions and emphases?

6. When all the objectives in a unit have been met, will the unit goal also have been met? (If not, perhaps one or more additional objectives are necessary.)

Developing the Content Outline

When properly written, the behavioral objectives will also specify the content to be covered. The content outline is simply a detailed listing in outline form of the content to be taught. The approximate amount of time to be devoted to each topic can also be included in the content outline.

As an example, consider a unit goal on medical asepsis and safety, stated as:

> *The student will demonstrate skills and attitudes that contribute to safe working conditions.*

One of the bahavioral objectives for the unit might be:

> *In a simulated classroom situation, students will demonstrate 100% proper procedures for donning and removing gown, mask and gloves as in entering and leaving an isolation unit.*

The content related to the objective could be outlined in the following way:

OBJECTIVE V, UNIT III: GOWNING FOR ISOLATION.

A. Isolation technique

B. Gowning technique

  1. Gown fully covers uniform
  2. Protective mask for nose and mouth
  3. Gown secured at back and neck
  4. Cap for hair
  5. Gloves

C. Gown removal

(etc.)

A similar detailed outline would be developed for each performance objective. Questions used to evaluate the content outline might be:

1. Is the content based on occupational requirements?
2. Does the outline clearly relate to the course objectives?
3. Is the content based on valid, up-to-date information?
4. Does the content include general principles as opposed to facts?

Another question that should be addressed is "How do you decide what to include (and what to exclude) in your course content?" Several sources of curriculum content should be considered.

1. Professional standards and requirements. The Washington Board of Nursing has specified content for nursing assistant programs. (See the separate section in this guide for details.) Other professional associations offer suggestions for curricula in entry-level programs. Contact your state association for details.
2. Advisory Committees. Committee members can offer up-to-date suggestions for appropriate course content.
3. Textbooks. Especially for the beginning teacher, the content structure from a good textbook can be used to outline content for the curriculum. In this way, the assignments and learning activities will follow logically from the corresponding text.
4. Personal Experience. Health occupations teachers are at the same time health professionals whose personal knowledge of the field is a valuable resource. In many instances, the experience of the instructor can be used to specify or modify curriculum content.
5. Other Curricula. Few programs in the health occupations field are first-of-a-kind. Curriculum guides developed by other teachers are available from both within and outside the state. Contact the program supervisor for T & I, T & HO at SPI for names of teachers in your area who have established programs. Use the ERIC resource system to find curriculum guides from other states.

Designing Student Learning Activities

Student learning takes place through the experiences they have. Curriculum planning involves structuring those experiences so that students are able to attain the specified goals.

Tyler (1979) suggested three general principles that are helpful in designing learning activities. The first principle is that the learning experiences should allow the student to practice the kind of behavior implied in the objective. For example, if the objective requires the student to use safety equipment correctly, then the learning experiences should give students the opportunity to practice using the equipment.

The second principle is that the results of the learning experience should be satisfying to the student. An unsatisfactory or distasteful experience is not likely to produce the desired learning.

Tyler's third principle is that the learning should provide a challenge for the student, but be within the student's capabilities. This combination of a "reachable challenge" provides a feeling of satisfaction for the student who succeeds with the experience.

Keeping Tyler's three principles in mind, the design of the learning experiences is the next step in the curriculum development process. Specifying both teacher activities and student activities helps to provide a balance approach. For instance, using the objecive:

> *In a simulated classroom situation, students will be able to demonstrate proper handwashing technique.*

then the examples of the learning activity might include:

1. *Teacher activities:*
    - a. *Show the film "Handwashing"*
    - b. *Deliver lecture-demonstration on proper handwashing technique.*
    - c. *Assign the chapter in the text on aseptic technique/handwashing.*
    - d. *Provide feedback for practice.*
    - e. *Conduct proficiency exams on spot-check basis.*

2. *Student activities:*
    - a. *Take notes and observe during film and lecture-demonstration.*
    - b. *Read chapter in text on Asepsis*
    - c. *Practice handwashing techniques as shown.*
    - d. *Be prepared to demonstrate proper technique on demand.*

Consider the following questions to provide a self-check for your learning activities:

1. Are the activities safe with adequate supervision?
2. Are the activities effective for meeting objectives?
3. Do the activities provide a variety for student interest?
4. Do the activities provide a balance in modes of learning?
5. Are the activities flexible to meet student needs?
6. Are they consistent with "real world" activities?
7. Are they organized in logical progression?
8. Are they flexible within the school setting?

One final suggestion on designing learning activities: over-prepare. Have "Plan B" on reserve in case "Plan A" doesn't work (the film doesn't arrive, your guest speaker fails to arrive, or you are struck down with a 24-hour plague). A separate file on "alternative activities" will be a godsend to you and to your occasional substitute on those occasions when you need to fill time constructively.

Assessing Student Learning

The final aspect of the instructional unit is determining whether or not the student has mastered the stated objectives. While this is just one small part of a comprehensive evaluation system, it is a crucial one and should be discussed in context with the development of the instructional units themselves. (A more comprehensive discussion of evaluation follows in the next section of the guide.)

Student achievement is typically associated with paper and pencil assessment: tests, quizzes and exams. But determining if students have met their objectives can take a variety of forms. Most commonly used are teacher observation, student self checks, peer assessment, and the old standby, written assignments and exams.

As an example, consider the objectives used for the previous learning activity:

> *In a simulated classroom situation, students will be able to demonstrate proper handwashing technique.*

The student learning activities consisted of taking notes during the film and lecture-demonstration, reading a chapter on aseptic technique, practicing handwashing, and being prepared to demonstrate the technique.

Several types of student assessment could be used in this example. With a checklist outlining proper performance, students could employ a self-check or could check each other as they practiced the handwashing technique. For teachers fortunate to have videotaping equipment, students could record each others' technique to evaluate later. This evaluation could be done by the students, by classmates (perhaps recording and evaluating in pairs) or by the instructor. The profeciency exam could likewise be self graded, peer graded, or teacher graded.

The bottom line in student assessment is to try to keep it as closely related as possible to the corresponding objective. If the objective specifies physical proficiency, then written assessment is less appropriate than an assessment that allows students to actually do what is required. Objectives which specify more cognitive behaviors (such as describing or identifying) could be met by oral or written responses.

The following references provide additional discussion on developing instructional units:

Washington State University. Curriculum for graduate program to prepare vocational education curriculum specialists. Module 1: Developing curriculum goals, objectives and instructional plans. Pullman: Washington State University, Department of Education, 1976. (Available from the NWVCMC).

Zenger, Weldon F. and Zenger Sharon K. Writing and evaluating curriculum guides. Belmont, CA: Ferron Publishers, 1975.

Figure 1 provides an overview in chart format of the entire instructional unit as described in this Sequential Approach to vocational curriculum development. A more traditional lesson plan format is included in Figure 2.

Instructional Unit

UNIT III: MEDICAL ASEPSIS AND SAFETY

Goal: *The student will demonstrate skills and attitudes that contribute to safe working conditions.*

Objective I . . .

Objective II . . . (Detail included only for Objective IV in this example)

Objective III . . .

Objective IV: Handwashing

In a simulated classroom situation, students will be able to demonstrate proper handwashing technique.

Content Outline

A. Transmission of pathogens

1. Contact
2. Inhalation
3. Ingestion
4. Animals
5. Insects and vermin

B. Preventing invasion and transmission

1. Handwashing
    a. Why, when
    b. How (outline technique)

etc.

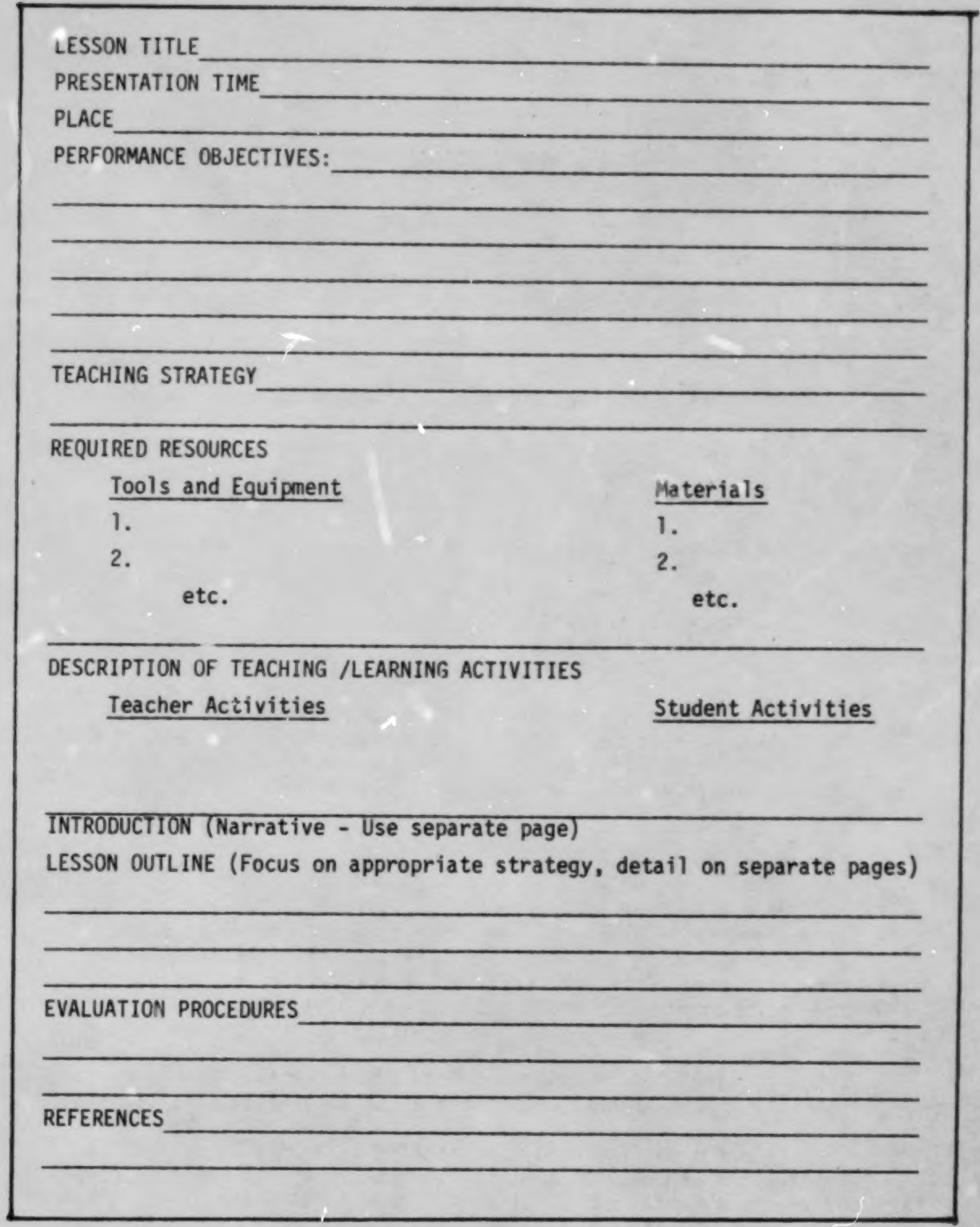
Teacher/Student Activities

Teacher Activities	Student Activities
1. Show the film "Handwashing"	1. Take notes and observe during film and lecture-demonstration
2. Deliver lecture-demonstration on proper handwashing technique	
3. Assign the chapter in the text on aseptic technique - handwashing	2. Read chapter in text on asepsis
4. Provide feedback for practice	3. Practice handwashing techniques as shown
5. Conduct proficiency exams on spot-check basis	4. Be prepared to demonstrate proper technique on demand

Student Assessment

A. Teacher observation of handwashing technique

Figure 1. Example of an Instructional Unit Using the Sequential Approach.



LESSON TITLE____________________

PRESENTATION TIME____________________

PLACE____________________

PERFORMANCE OBJECTIVES:____________________

TEACHING STRATEGY____________________

REQUIRED RESOURCES

Tools and Equipment	Materials
1.	1.
2.	2.
etc.	etc.

DESCRIPTION OF TEACHING /LEARNING ACTIVITIES

Teacher Activities	Student Activities

INTRODUCTION (Narrative - Use separate page)

LESSON OUTLINE (Focus on appropriate strategy, detail on separate pages)

EVALUATION PROCEDURES____________________

REFERENCES____________________

Figure 2. Sample Lesson Plan Format

Curriculum Evaluation

Designing a quality curriculum requires knowing what you want to do and determining whether or not you have done it. The "determining" part is what evaluation is all about. Briefly stated, evaluation is a process designed to reduce uncertainty about the effectiveness of what you have done.

For most curricula, it is necessary to consider three sources of evaluation: instruction (Were the instructor and the methods used effective in helping students learn?), student (Did the students learn what they were supposed to?), and program (Is the program meeting its goals?).

An additional aspect about evaluation is that if you wait until what you are evaluating is all done, it is too late to change anything. So you should gather both on-going evaluative data (sometimes called formative evaluation) and final effectiveness data (often referred to as summative evaluation).

How do you gather all this data? By:

--asking questions
--using written forms
--observing behaviors
--judging the task completion or product.

The information can come from many sources and in a variety of forms. The following paragraphs will include suggestions for both formative and summative measures for all three sources of evaluation: instruction, student and program.

Evaluating Instruction

Many schools have adopted forms for evaluating instructional effectiveness. So from an administrative standpoint, you may be using a form designed by someone else. However, that should not stop you from gathering additional information for evaluating instruction if you feel such information would improve your program.

In designing a system of evaluation, you will want to tap three primary sources of information: the students, the instructors themselves and the person(s) responsible for supervising the instructors.

Students may not always be totally objective in evaluating instructors and methods, but collectively they can provide valuable information on how effective the instructional program is. Remember to gather data throughout the term so changes can be made if necessary.

Some specific suggestions for eliciting instructional evaluation data from students include:

1. Take an informal straw vote each time a new instructional technique is used. "Did this videotape help you understand the importance of good interpersonal relationships in a health care facility?"

2. Get a written assessment of instructor effectiveness partway through the term and make sure adjustments are made if indicated. Evaluate again at the end of the term.

3. Consider student achievement as at least partially related to instructional effectiveness. Student failure could mean failure of the instructional system.

A sample form for student evaluation of instructor effectiveness is included in Appendix H.

The instructors can evaluate their own effectiveness in several ways. They can set goals for themselves and determine if the goals are met. They can observe students for signs of inattentiveness and frustration -- as soon as the signs appear is the best time to identify the problem and solve it. They can attempt to be objective observers of their own behavior and modify if the need arises.

Teacher supervisors, often trained as evaluators of instructional effectiveness, can provide objective and helpful suggestions for improvement of instruction. The teacher/supervisor relationship usually works best when the teacher encourages the supervisor's assistance and is open to suggestions for change. Supervisor evaluation is also most effective when used in a formative manner. In other words, such evaluation should be made throughout the term as a source of data for improvement, rather than done at the end of the term as a basis for salary adjustment.

The value of gathering various points of view at various times of the year is to provide a balanced view of the instructional process. No one source of data taken at a single time can provide such a clear picture. Each source of data should be considered in context with the others for any type of evaluation system.

Evaluating Students

In a positive sense, students can be considered "products" of an education program. Thus, evaluation of student progress is perhaps most crucial in assessing the overall success of the program.

There are a variety of ways of looking at student evaluation, and probably each should be included to provide a balanced approach. For one thing, each education "domain" of student achievement should be considered: cognitive, psychomotor, and affective. For another, at least three sources of information should be tapped: teachers, the students themselves and clinical supervisors or employers. As before, both formative, or on-going, and summative, or end-product, information should be collected. The following paragraphs provide a more detailed discussion of evaluating by domains.

The cognitive domain refers to the student's ability to think, reason, and apply knowledge in a new way. Benjamin Bloom (1956) identified a hierarchy of cognitive abilities from simplest (knowledge) to most complex (evaluation). The complete list is:

knowledge
comprehension
application
analysis
synthesis
evaluation

Remembering that students must conquer the lower levels before advancing to the more difficult, the evaluation techniques can (and should) take several forms. Ways to gather information include informal feedback (teacher observation, level of student questions, oral questioning, quality of student responses), and written products (tests or papers).

For vocational education, the psychomotor domain cannot be overlooked. Psychomotor skills are those that are manipulative and kinetic -- how students maneuver objects in a physical way. Teachers and clinical supervisors can evaluate psychomotor abilities through student observation or more formal skills tests. In either case, the checklist can be used to document the observation. A videotape of student performance can be helpful, not only in evaluating skills, but in allowing the students to observe (and improve) their skills. In some cases, psychomotor skills can be evaluated via the quality of a final product (a properly made bed or completed dental model, for example).

The final domain requiring evaluation is the affective; students' feelings and their degree of acceptance or rejection of ideas and concepts. The affective domain is a more difficult one in which to teach and to evaluate, but both are possible. The important thing to remember is that while attitudes cannot be seen, behaviors can. And one's behavior reflects their attitudes, beliefs, and the degree to which they accept or reject ideas and values. Therefore, teacher observation of student behavior is perhaps the most valuable tool in assessing students' affective learning. The job is made easier if student objectives in the affective domain are written in a behavioral mode. Categories for the affective domain were characterized by Krathwohl, Bloom and Masia (1964) in their book, Taxonomy of Educational Objectives. Handbook II: Affective Domain. This book is a valuable resource for writing objectives in the affective domain.

Student evaluation needs to answer two questions. First, are students progressing toward their objectives? Formative kinds of data in each domain can help students and teachers answer this question over and over during a term. When the answer is no, changes can be made to improve the situation. Working toward positive responses to this first question will increase the chances of a "yes" response to the second: Have students met the program goals? Summative, end of the term tests can provide the documentation. Appendix G provides examples of various types of student evaluation forms used in health occupations programs.

Program Evaluation

Assessing the quality of your health occupations program means providing data about instruction and students (already described) plus some additional information. A broader scope is needed for program evaluation, requiring feedback from new sources.

Perhaps the best source of information on overall program assessment is the program advisory committee. This group can provide points of view from health care administrators and workers, physicians and dentists, former students and potential employers. Committee members can help evaluate facilities, equipment, supplies, and curriculum content. Given the appropriate information, the committee can also assess instructor effectiveness and student achievement.

Follow up data from former students and their employers can be a valuable source of data (check with the school counselor for follow-up information that may be available from that office). Both program administrators and advisory committee members can use this information to assess the effectiveness of the program.

As with any type of evaluation, many sources of information should be tapped to develop a clear overall picture of program effectiveness. Once the data is gathered and evaluated, a plan for program improvement should be designed and implemented.

Examples of the program evaluation and follow-up forms described above can be found in Appendices H and I.

HEALTH OCCUPATIONS INSTRUCTOR QUALIFICATIONS

Many health occupations teachers report that they began their public school careers without any knowledge that their responsibilities were broader than just "teaching nursing" (for example). Few new teachers in health related programs get any orientation to explain that they are likely to be responsible for a wide range of activities, such as:

-developing curriculum

-evaluating students and the program

-coordinating and supervising clinical experiences

-recruiting students and arranging for follow-up of graduates

-interacting with other health occupations programs and agencies

-coordinating program advisory committee operations

-promoting youth leadership activities

-teaching content relating to getting and holding a job

-coordinating and conducting classroom activities

-maintaining their own vocational certification

What follows in this section of the Guide is a sample of a school district job description for a nursing assistant instructor. This is meant to serve only as an example of what a job description for a public school health occupations instructor might contain. The final product would vary by district and by program with specific requirements for the desired instructor.

Sample Position Description

POSITION TITLE: Instructor, Nursing Assistants

POSITION DESCRIPTION:

The person selected for this position will be responsible for instructing students enrolled in the intra-district Health Occupations program focusing on the development of entry level skills in the Health Care field.

TYPICAL RESPONSIBILITIES:

1. Plan, develop and/or revise the Health Occupations curriculum and evaluate daily instructional units to reflect current clinical methods and practices.
2. Evaluate student classroom and clinical experiences and maintain appropriate records.
3. Contact, evaluate, and select program-related health facilities which will provide relevant clinical experiences. Arrange for student placement and closely monitor agency and student performance.
4. Promote intra-district Health Occupations programs and interview student applicants.
5. Attend all Health Occupational Advisory Committee meetings for communications about the program.
6. Actively seek consultation and advice about prevailing practices, equipment and facilities necessary for maintaining an up-to-date instructional program.
7. Promote and supervise youth leadership activities as an integral part of the program. Be advisor to the Health Occupations vocational club and chapter and participate in teacher training workshops.
8. Maintain a constructive learning environment; safe and pleasant classroom atmosphere and effective classroom management and discipline procedures while maintaining good instructor/student communication and rapport.
9. Develop and maintain own vocational certification in consultation with the vocational director.
10. Teach related job responsibilities such as how to get, hold and resign a job.

MINIMUM QUALIFICATIONS:

1. Bachelor of Science degree in nursing (not required, but desirable). Current Washington State RN license (required).
2. Three years of nursing employment that included bedside care.
3. Prior employment in a nursing position in supervision, school nursing, community health or teaching.
4. Hold or be able to qualify for and maintain vocational certification to teach Health Occupations in the state of Washington.

PERSONAL QUALITIES:

1. Ability to work productively and harmoniously with school, central office, and clinical staff.
2. Exhibit a willingness for self-improvement as evidenced by participation in training sessions and other course work.
3. Demonstrate a high degree of self motivation.

CONDITIONS OF EMPLOYMENT:

Work Year: (amount of days)

Salary: (salary schedule)

Benefits: (bargaining agreements)

Contract: (continuing or non-continuing)

ADVISORY COMMITTEE OPERATIONS

Each health occupations program must establish their specific advisory committee in order to gain state program approval and receive federal vocational funds. The credibility and support supplied by the advisory committee members makes them invaluable to any vocational program.

Rules and regulations governing these committees have been established by PL 94-482 (often referred to as the Vocational Education Amendments). Details on the establishment of advisory committees can be found in the Washington State Five-Year Plan for Vocational Education, available from your vocational director or superintendent.

The value of the advisory committee is that it provides an essential link between the education system and the health care system. Here are some suggested groups of people who would be appropriate members of the committee:

-Administrators and Directors of Health Care Facilities

-Nurses, Physicians, Dentists, and Allied Health Care workers

-In-service Educators and Supervisors

-Program Graduates

-Students and Parents

In-house school personnel may attend meetings but may not serve as official members.

In contacting potential members, don't hesitate to start at the top of an organization's hierarchy. Even if the "big boss" delegates the responsibility, you have the boss's support for your program. The final make-up of the committee should be balanced, with members representing different levels of work (e.g. assistants, technicians, supervisors, administrators), and with approximately equal numbers of employees and employers.

Opinions and advice from these leaders (who are potential employers) and workers in the field can keep the training program responsive to local needs and up-to-date in program content. Committee members can contribute to the program in the following ways:

-Providing clinical facilities for training and cooperative programs

-Surveying community needs

-Supplying information on jobs

-Advising on skills and knowledge required for occupations

-Determining teacher qualifications

-Providing curriculum advice

-Suggesting current equipment and supplies

-Reviewing facilities and equipment

-Evaluating programs

-Providing field trip sites

-Supporting scholarships and awards

-Developing placement

-Promoting community support for the program

-Supporting appropriations and legislation

One bit of advice: If you have never been involved with advisory committees before, sit in on a meeting of a committee from any vocational content area, just to get an idea of how they are run. This small investment of time will help prevent most "first timer" problems.

Further details on regulation and operation of advisory committees can be found in the following resources:

1. Advise for Action: A Pocket Guide on Advisory Committees, a brochure for new advisory committee members.
2. Orientation Exercises for Advisory Committee Members, a series of in-basket exercises to use with new committee members.
3. Education, Work and Advisory Committee Members, an 11-minute slide-tape presentation.

Each of these resources can be ordered on request from the Washington State Advisory Council on Vocational Education, 120 E. Union, Room 207, Mail Stop EK-21, Olympia, WA 98504. Telephone (206) 753-3751 or SCAN 234-3715.

STUDENT LEADERSHIP

A student learning objective for secondary health occupations programs in Washington states:

> *The student accepts the responsibilities of leadership and followership.*

Where do the concepts of leadership and followership fit into the health occupations curriculum? Literally everywhere. Leadership and followership involve communicating effectively, functioning as part of a team, and conforming to rules and regulations -- all essential skills for any health care worker.

Traditionally in vocational education, leadership training relies heavily on involvement with a national student leadership organization. In agriculture, the group is Future Farmers of America (FFA); for home economics, the Future Homemakers of America (FHA); and for distributive education, the Distributive Education Clubs of America (DECA). In programs associated with trade and industrial and technical education, as well as health occupations education, the youth group is the Vocational Industrial Clubs of America, or VICA[1]. If a program is not affiliated with a national organization, then an alternate plan for student leadership must be documented.

Leadership skills become part of the health occupations curriculum in both the classroom and clinical settings. In the classroom, leadership training emphasizes personal growth, leadership training, safety, community service and understanding, teamwork and communication skills. Clinical skills are applied through student's experiences in health care settings throughout the community.

It is after graduation that leadership training pays off most in the employability of the students. Their self confidence, communication skills, professional attitudes, and technical skills are both sought after by employers and appreciated by consumers throughout the health care industry.

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[1] A second youth leadership group for health occupations students is Health Occupations Students of America, or HOSA. However, because health occupations is part of T & I, T & HO, VICA is the approved vocational leadership program in Washington State.

For additional information about leadership training in health occupations programs contact:

Program Specialist
Trade & Industrial, Technical and Health Occupations
Education
Office of the Superintendent of Public
Instruction
7510 Armstrong St. SW
FG-11
Tumwater, WA 98504

(206) 753-5675 or SCAN 234-5674

SPECIAL NEEDS STUDENTS

Since the early 1960's, Americans have focused special attention, money and educational resources on meeting the educational needs of disadvantaged and handicapped learners. In vocational education, these special efforts were given added impetus by provisions of the Vocational Education Amendments of 1976 (P.L. 94-482), commonly referred to as the '76 Amendments, and the Education for All Handicapped Children Act of 1975 (P.L. 94-142).

Two categories of special needs students were designated by the '76 Amemdments (Federal Register, October 3, 1977) to receive special funding and programs. Disadvantaged learners were defined as those who have academic or economic handicaps "and who require special services and assistance to enable them to succeed in vocational education programs" (Section 195(16)). Handicapped refers to persons who are mentally retarded; hard of hearing; deaf; speech impaired; visually handicapped; seriously emotionally disturbed; orthopedically impaired; or other health impaired persons, or persons with specific learning disabilities; and who by reason of the above:

- Require special education and related services, and
- Cannot succeed in the regular vocational education program without special educational assistance; or
- Require a modified vocational education program.

The term, "special needs", is a broad descriptor, commonly including both disadvantaged and handicapped students. The common bond is that all of these students have problems succeeding in a regular vocational program and so require a modified program or special assistance.

Handicapped

The Education for All Handicapped Children Act (P.L. 94-142) made a profound influence on public education by its mandate that whenever feasible, handicapped children be "mainstreamed", or integrated into regular classroom activities. Ideally, teachers are provided with assistance from a special education teacher or resource teacher. Realistically, it is essential for the classroom teacher to accept and understand the differences in providing instruction to handicapped learners.

Mentally handicapped learners need to have the curriculum adjusted to accommodate their lower rate of grasping new ideas. As an example, you can start with the regular curriculum but break it down into smaller units or slow down the teaching pace for slower students.

Physically handicapped learners often need adjustments in the physical environment or alternative teaching strategies. For example, orthopedically impaired students may need modified laboratory equipment to accommodate wheelchairs or other appliances. Deaf and hearing impaired students may require interpreters and/or extra written materials. Blind and visually impaired students may require more auditory learning strategies. Limited federal funds are available to help implement these types of modification.

Individualized Education Programs (IEPS) are required by P.L. 94-142 to specifically define educational programs for handicapped students. These programs are developed for each student in a cooperative effort between regular and special education teachers, the parents, a professional school district representative and the student. The IEP defines the student's educational objectives, specifies how the objectives will be obtained, and describes how the results will be evaluated.

Disadvantaged

Disadvantaged students also require special teacher understanding and acceptance. Becoming aware of appropriate learning theories, diverse learning styles, ethnic and cultural differences, and ways to stimulate self-esteem and motivation of disadvantaged learners will help teachers modify their programs as necessary for these students.

Health occupations programs are often appealing to disadvantaged students and offer a means of helping them achieve educational success. The motivational effect of being in a course they like, with applied, hands-on experiences often carries over into an increased interest in related academic subjects. With an increased awareness on the part of the teachers, the curriculum can help overcome cultural differences, expand life experiences and increase the career aspirations of these students.

Next Steps

Giving details on each classification of special needs learners and suggestions for providing appropriate instruction is beyond the scope of the Guide. But here are some suggestions on ways you can learn more about dealing successfully with these students:

1. Contact your vocational administrator for suggestions. A system for assisting vocational teachers with special needs learners may already be established for your school or district.

2. Work with the special education resource person in your school or district. These resource people are charged with the responsibility for providing appropriate special services and will no doubt welcome the initiative of an interested teacher.

3. Read a book or several books on the subject. A list of suggested references is included at the end of this section. Professional journals have featured articles on teaching special needs students for the past 10 years or so. Most libraries can provide additional references.

4. Take a course. Courses and workshops to help vocational teachers learn about special needs learners are offered each year by the Program Supervisor - Special Needs at SPI. Contact the Supervisor at (206) 753-0555 or SCAN 234-0555 for dates and locations.

   Another resource is your local community college or vocational-technical institute. They may offer an in-service course on special needs for their staff. These courses are usually open to other interested teachers.

   A third possibility is that teacher preparation programs in some colleges and universities offer courses in special education and/or vocational special needs. Call or write for course catalogues.

   Finally, watch for workshops and presentations at professional conferences, including WVA.

5. Contact the Program Supervisor - Special Needs at SPI. The Supervisor not only plans courses and workshops for teachers, but is an excellent source of advice, ideas and publications on providing successful vocational programs for special needs students.

Certainly not every vocational program is appropriate for every special needs student. But when care is taken to match a student with a program that offers the potential for success, that success is frequently realized.

As educators, we must keep in mind that all students are unique. Students with handicaps and those with economic or academic disadvantages are unique in a way that challenges us to provide appropriate education. But resources are available to meet the challenge, and like anything else that requires special effort to achieve, the results are particularly satisfying.

To learn more about special needs students and how to deal with their unique educational problems, try some of the following references:

Cross, A. A. (Ed.) Vocational instruction. Arlington, VA: American Vocational Association, 1979.

Chapters by Bell, Phelps, Redick and Redick, Sheppard and Vaugh, and Tindall all deal with different aspects of teaching special needs learners.

Nassau County Board of Cooperative Educational Services. Occupational education for students with special needs. Personal services, health oriented. Westbury, NY: Author, 1975. (ED 186 593).

This curriculum guide is one of a series of specilized guides for occupational education for the marginally handicapped, or special needs occupational education student. The guide includes learning activities and performance objectives for each topic.

Oaks, M. M. and Oaks, M. K. "Industrial arts and its contribution to the education of the disadvantaged." In Maley, D. and Starkweather, K. (Eds.) The contributions of industrial arts to selected areas of education. Bloomington, IL: McKnight, 1982.

The discussions of the characteristics of disadvantaged learners and ways to improve their opportunities for educational success are as appropriate to health occupations as to industrial arts.

Phelps, L. A. and Lutz, R. J. Career exploration and preparation for the special needs learner. Boston: Allyn and Bacon, 1977.

This reference provides an overview of various categories of special needs learners and how to prepare and implement vocational curriculum for these students. Provides an integrated system for diagnosing special needs learners and developing appropriate learning activities for them.

Thornton, L. J. and others. Medical assisting reading strategies, 1980 vocational reading series. Harrisburg: Pennsylvania State Department of Education, Bureau of Vocational and Technical Education, 1980. (ED 192 018).

Medical Assisting Reading Strategies is one of five instructional guides in a series. Developed to assist teachers working with students considered disadvantaged because of reading deficiency, the guide contains several strategies, suitable for adaptation, specifically related to medical assisting instruction.

U. S. Department of Health Education and Welfare. *Resurge '79. Manual for identifying, classifying and serving the disadvantaged and handicapped under the Vocational Education Amendments of 1976 (P.L. 94-482)*. Washington, D.C.: DHEW, Office of Education (no date).

Provides a good overview of the legislation and of ways to classify and provide services for special needs students.

Washington State Commission for Vocational Education. *Vocational education personnel training for special populations*. Olympia: author, 1980.

Guidelines for developing curriculum and providing instruction for disadvantaged and handicapped students in vocational education. Includes examples for each stage and suggestions for further reading. (Available from RCU).

Washington State Office of the Superintendent of Public Instruction. *Development of problem solving skills for vocational and educational achievement. Beginning teacher's manual*. Olympia: author, 1975 (Revised 1979).

A manual designed to help disadvantaged students in vocational classes learn problem solving skills. (Available from the Program Specialist - Special Needs, SPI).

PROVIDING FOR EDUCATIONAL EQUITY

Vocational education has been criticized in the recent past for failing to provide equal access to programs by both sexes. The greatest criticism has been aimed at traditionally male programs, particularly those in trade, industrial and technical subjects, which result in relatively well paying jobs upon graduation. In health occupations programs, however, the traditional roles are reversed. Most health occupations workers, especially those in entry-level positions, are female.

The problem is not so much that students from the nontraditional sex are not permitted to enroll in the program. The differences are generally more subtle. Members of the nontraditional sex are not actively recruited, teachers and other role models from the nontraditional sex are few and far between, educational materials are heavily slanted toward the traditional sex, and employers are often hesitate to hire nontraditional graduates.

To solve some of these common problems and help assure educational equity in health occupations programs, the following suggestions may be helpful.

1. Focus your student recruitment efforts on both males and females. If you are female, try to find appropriate male models to appear with you at career days or classroom recruitment presentations. If you use slide presentations or brochures, make sure they depict members of both sexes.
2. To provide male role models, use males as guest speakers, clinical supervisors, or shadowing experience models. As openings occur, make a real attempt to recruit qualified male teachers.
3. As you design student learning activities, try to develop strategies that promote sex equity. Some suggestions for such strategies can be found at the end of this section of the Guide. These suggestions are only a start - feel free to build on these ideas to meet your own needs.
4. Evaluate print and nonprint materials for evidence of sex bias.
5. Talk openly with potential employers if you see evidence of bias against male students. Help employers verbalize concerns and offer suggestions to help alleviate them. Members of your advisory committee can often help spot potential problems and suggest solutions.

Providing educational equity means working toward a goal of individual worth regardless of one's sex. We in health occupations education have much to offer students of both sexes. All it takes is a little extra effort to make the offer an equitable one.

For assistance, advice, or additional resources in providing for educational equity, contact:

Sex Equity Unit
Office of Commission for Vocational
Education
Building 17, Airdustrial Park
MS LS-10
Olympia, WA 98504

(206) 753-5651 or SCAN 234-5651

Suggested Strategies for Achieving Sex Equity in Health Occupations Programs[2]

The following suggestions can help make your curriculum more open to both sexes.

1. Use both female and male models to depict and illustrate body systems such as the muscle or skeletal system.
2. Have students practice nursing skills on both male and female human forms. Discuss necessary differences in specific techniques.
3. Omit the use of gender qualifiers when speaking about people in the health occupations. Highlight persons in nontraditional health occupations roles.
4. Refrain from giving masculine/feminine names to teaching aids such as "Resus-Annie" (CPR training mannequin).
5. Make the males in your program especially visible during community service events, parent participation programs and recruitment efforts. The presence of males in nontraditional roles is a positive educational experience.

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[2] Adapted with permission from the module entitled "Promoting Sex Equity in the Classroom, Module 8. Health Occupations Education", published in 1980 by the Department of Home Economics Education at Iowa State University of Science and Technology, Ames, 50010.

FACILITIES PLANNING

The facility required for most health occupations programs consists of a classroom and practice laboratory, often combined into a single unit. The requirements for equipment, supplies, plumbing and space will vary by program, but the real essentials are those items needed to complete basic or routine care. The sample equipment and supply list which follows on the next page is for a nursing assistant program, but can be modified for other programs as needed. As you plan your facility and comtemplate equipment purchases, consider these suggestions:

1. Utilize your advisory committee for suggestions on what is needed and the most cost effective places to buy.

2. Check on renting or leasing large pieces of equipment. Sometimes this is more cost effective than buying.

3. Check with state surplus (State of Washington, Department of General Administration, Surplus Property Section, 6858 So. 190th St., Kent, WA 98031) for availability of needed supplies and equipment. If they happen to have what you need, its almost always cheaper than buying on the open market.

4. Ask for donations from hospitals, physicians and dentists, medical supply houses--any person or group who might have any of what you are looking for. Such donations are, of course, tax deductible.

5. As you plan your facility, make sure you are meeting all appropriate requirements for OSHA (Occupational Safety and Health Act--check with your vocational director for details if you are unfamiliar with OSHA). A list of OSHA requirements for school laboratories can be found in this section of the Guide, following the sample equipment list.

Basic Equipment and Supply List
Nursing Assistant Program

(Sample)

I. CLASSROOM EQUIPMENT

blackboard
projection screen
bulletin board
chair and table space or desk for each student
teacher desk, chair, and telephone
filing cabinet
enclosed space/office for student/instructor conferences
adequate storage space for books, A-V supplies, other equipment and supplies

II. RECOMMENDED PRACTICE LABORATORY (one simulated patient unit for each 5 students)

A. Equipment

hospital style bed, manual or electric, with mattress
bedside stand
overbed table
chair
two (2) complete linen changes for each unit - including mattress pads, sheets, rubber and linen draw sheets, turn pads, blanket, bedspread, pillow case, patient gown, and dirty linen hamper.
screen for privacy
handwashing facilities (available in or near classroom)

B. Supplies (one of each for every simulated patient unit)

bath basin
emesis basin
bedpan
water pitcher
soap and dish
oral thermometer
blood pressure cuff
stethoscope

III. Other items and supplies can be found in the clinical setting and be added to classroom equipment as funding permits.

OSHA Requirements in the Laboratory

(Occupational Safety and Health Act 91-596 of 1970)

Public schools are units of state and local governments; consequently schools do not have to comply with OSHA requirements. It is possible that state regulations may require similar standards of health and safety.

Those areas of OSHA standards dealing with facility design that local schools should voluntarily attempt to comply with are:

1. The physical plant is free of safety hazards.

   Adequate space is provided for each student; there is proper storage of materials and tools, and effective organization of rooms and equipment.

2. The physical plant is in good repair.

   Doors, windows, walls, ceilings, and floors are in good condition.

3. Environment pollution controls.

   a) Air is clean, fresh, and safe from contaminants inside as well as outside the laboratory, and b) sound intensities either inside or outside the laboratory are kept below the levels at which hearing may be impaired.

4. Utility and sanitary systems.

   Water, electrical, gas, compressed air systems are well designed, in good operating condition, and free of hazards.

5. Housekeeping facilities.

   a) There is adequate planned storage of waste products that are not a fire or health hazard, and b) special screening is provided for outside storage.

6. First aid facilities.

   First aid cabinet, sink and safety showers are available in appropriate program areas.

7. Fire protection.

   Fire extinguishers, alarms, and safety equipment are placed at appropriate locations.

8. Safety equipment.

a) All new or used equipment is in good condition for safe use, and b) all equipment has appropriate guards for belts, gears, or other moving parts.

PROGRAM CONTENT

REQUIRED CONTENT FOR SECONDARY NURSING ASSISTANT PROGRAMS

The Washington State Board of Nursing specifies both classroom and clinical content for nursing assistant programs in this state according to WAC 308-121-030. These statewide standards help assure employers of a minimum level of quality for program graduates. The standards also assure graduates of a high level of mobility throughout the state.

The following outline, exerpted directly from the W.S.B.N. curriculum evaluation form, specifies the content by topic area. The focus of the outline is on instruction in the nursing home setting, but can be modified for other clinical environments. A sample of one page of the evaluation form follows the outline.

Classroom/Clinical Content

1. Classroom A

   A. Role Responsibility - 3 hours

      1. Ethical
      2. Legal
      3. Member of health care team
      4. Resident's rights and responsibilities

2. Clinical A

   A. Incorporation of role responsibilities by

      1. utilizing ethical/legal concepts in relation to self, health team members, residents and significant others
      2. maintaining confidentiality of information
      3. identifying administrative lines and reporting problems to the appropriate person
      4. identifying range and limitation of nursing assistant functions
      5. accepting responsibility for own actions
      6. demonstrating promptness and dependability
      7. seeking assistance when unsure about appropriate action
      8. participating as a member of the health care team which includes the development and updating of resident care plans
      9. utilizing the concept of the "Patient's Bill of Rights and Responsibilities" in resident relationships

3. Classroom B

B. Safety Concepts - 4 hours

1. medical aseptic technique including isolation
2. environment
3. body mechanics
4. transfer and ambulation
5. restraints and other protective devices
6. fire and disaster
7. food service

4. Clinical B

B. Demonstration of knowledge of safety concepts by

1. utilizing principles of medical aseptic and isolation techniques
2. providing adequate ventilation, warmth, light and quiet measures
3. utilizing measures that relieve pain and/or promote rest and sleep
4. maintaining equipment and resident space clean and orderly
5. identifying and utilizing measures for accident prevention
6. applying principles of body mechanics to self
7. applying principles of body mechanics in transfers and ambulation of residents
8. demonstrating proper application and release of restraints and other protective devices and care of residents in protective devices
9. demonstrating knowledge of fire and disaster procedures
10. applying principles of health and sanitation in the service of food

5. Classroom C

C. Communications - 4 hours

1. psychosocial needs:
   a. verbal and nonverbal communications
   b. modifications for the handicapped
   c. overview of programs supporting treatments for mental and physical limitations
2. medical and nursing terminology
3. recording and reporting

6. Clinical C

C. Demonstration of appropriate communication skills by

1. listening and responding to verbal and nonverbal communication
2. recognizing that one's own behavior influences resident's behavior
3. seeking assistance in understanding resident's behavior
4. making adjustments for physical or mental limitations
5. using terminology accepted in employing nursing home to record and report observations and pertinent information
6. recording and reporting observation, activities and communications accurately
7. reading and documenting implementation of nursing orders

7. Classroom D

D. Hygiene and restorative nursing care - 5 hours

1. personal hygiene
2. activities of daily living
3. nutrition
4. excretory system
5. bladder and bowel retraining
6. preventive maintenance and rehabilitative measures

8. Clinical D

D. Demonstration of knowledge of hygiene and restorative nursing care by

1. providing personal hygiene measures appropriately
2. utilizing measures that promote good skin care including the use of antipressure procedures and devices
3. carrying out preventive maintenance and rehabilitative measures such as therapeutic ambulation, exercise, range of motion and bed positioning in daily care
4. recognizing and allowing opportunity for self-care according to resident's capability
5. assisting in the provision of adequate nutrition including fluid intake and progressive self-feeding
6. identifying and monitoring special dietary needs
7. following correct procedures to aid adequate elimination from bladder and bowel
8. demonstrating an understanding of the concepts of bladder and bowel retraining
9. making adjustments for physical or mental limitations

9. Classroom E

   E. Growth and development - 5 hours

      1. basic needs
      2. developmental needs
      3. cultural factors
      4. process of aging including sexuality
      5. death and dying

10. Clinical E

   E. Demonstration of knowledge of growth and development concepts by

      1. identifying common basic human needs
      2. assist in the provision for religious needs
      3. recognize the resident's family as an influence in behavior and care
      4. identifying developmental tasks of aging
      5. identifying cultural factors that may influence behavior
      6. describing the body responses, including sexuality, in the normal life cycle
      7. describing responses to loss, dying and death
      8. demonstrating knowledge of post-mortem care

11. Classroom F

   F. Monitoring body functions - 4 hours

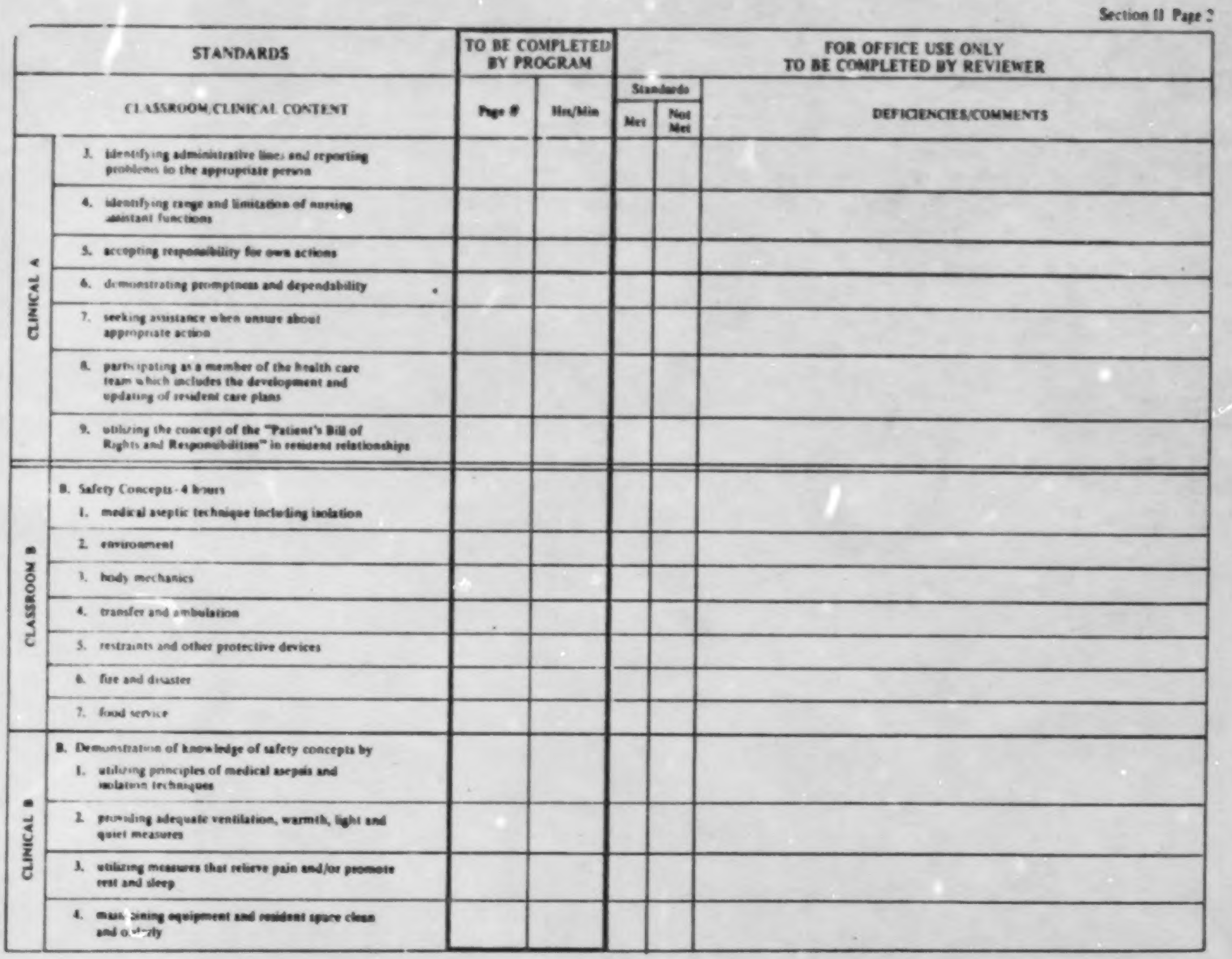
      1. vital signs
      2. height and weight
      3. intake and output
      4. specimen collection and testing

12. Clinical F

   F. Demonstration of accurate monitoring of body functions in

      1. taking vital signs, height and weight and measuring intake and output
      2. collecting specimens such as sputum, urine and stool, and testing where appropriate
      3. recognizing and reporting deviations from normal limits

Specific references shall be made to federal and state laws and regulations affecting nursing assistant practice in nursing homes. (As described in chapter 248-14 WAC). The minimum number of contact hours required is 25 in the classroom and 50 in clinical practice under the supervision of an R.N.



Section II Page 2

STANDARDS		TO BE COMPLETED BY PROGRAM		FOR OFFICE USE ONLY TO BE COMPLETED BY REVIEWER		
CLASSROOM/CLINICAL CONTENT				Standards		
		Page #	Hrs/Min	Met	Not Met	DEFICIENCIES/COMMENTS
CLINICAL A	3. identifying administrative lines and reporting problems to the appropriate person					
	4. identifying range and limitation of nursing assistant functions					
	5. accepting responsibility for own actions					
	6. demonstrating promptness and dependability					
	7. seeking assistance when unsure about appropriate action					
	8. participating as a member of the health care team which includes the development and updating of resident care plans					
	9. utilizing the concept of the "Patient's Bill of Rights and Responsibilities" in resident relationships					
CLASSROOM B	B. Safety Concepts - 4 hours 1. medical aseptic technique including isolation					
	2. environment					
	3. body mechanics					
	4. transfer and ambulation					
	5. restraints and other protective devices					
	6. fire and disaster					
	7. food service					
CLINICAL B	B. Demonstration of knowledge of safety concepts by 1. utilizing principles of medical asepsis and isolation techniques					
	2. providing adequate ventilation, warmth, light and quiet measures					
	3. utilizing measures that relieve pain and/or promote rest and sleep					
	4. maintaining equipment and resident space clean and orderly					

Figure 3: Sample Page from Form for Evaluation of Curriculum by W.S.B.N.

DESIRED CONTENT FOR SECONDARY NURSING ASSISTANT PROGRAMS

Once the minimum standards of the Washington State Board of Nursing have been satisfied, individual secondary programs have a great deal of flexibility in adding content to meet local needs. Here are some suggestions on where to go in determining what this "desirable" content should be.

First, use the suggestions of your advisory committee. These individuals are generally in the mainstream of health care delivery and have some definite ideas about what the nursing assistants should know and be able to do.

Next, examine your needs assessment data. The goals and abilities of your students and the labor market demands of your area will help you decide what content is most beneficial to your program.

Finally, think about your own special interests as a teacher. Your enthusiasm can help motivate your students, and there is nothing more fun in education than teaching others about "your thing". Suggested topics:

Multimedia First Aid
CPR
Self Protection
Stress Management
Reality Shock (moving from the student role to the employee role)
Nutrition/Wellness (prospective medicine)
Medical Terminology

CONTENT FOR HEALTH CAREERS UNIT

Most health occupations programs at the secondary level seem to have at least one unit on Health Careers. Because this topic is common to so many programs in the state, it seemed appropriate to include suggestions for content in this Guide.

Health Careers Content Outline

1. Orientation to Health Careers
    a. Dental
    b. Medical
    c. Nursing
    d. Other health care, related
    e. Student clubs and health occupations
2. Personal, vocational and Public Relations
    a. Members of the health team
    b. Health care hierarchy, lines of authority
    c. Medical ethics, legal implications, and responsibilities
    d. Mental health concepts
    e. Communication skills
    f. Problem solving
3. Personal and Community Health
    a. Factors affecting health care
    b. Sanitation control
    c. Housekeeping techniques
    d. Safety measures
4. First Aid and Medical Self-Help
5. Basic Nutrition
6. Basic Anatomy and Physiology
7. Introductory Bacteriology
    a. Microbes and disease
    b. Medical asepsis
    c. Surgical asepsis

8. Related Medical Terminology
    a. Prefixes
    b. Suffixes
    c. Abbreviations
    d. Symbols
    e. Common terms related to medical science
9. Basic Principles and Skills in Selected Health Careers
    a. Nursing
    b. Medical records
    c. Introductory X-Ray
    d. Orientation to medical laboratory
    e. Other related areas
10. Growth and Development
11. Conditions of Illnesses
    a. Diet deviations
    b. Measures and safety precautions related to drug administration
12. Rehabilitative Measures

Curriculum guides for Health Careers programs and units in other states can be found in the Annotated Bibliography. The content is very flexible and can be modified to meet the resources and needs of your program and the community.

CONTENT FOR OTHER HEALTH OCCUPATIONS PROGRAMS

As discussed in the Introduction to this document under "Purpose of the Guide", any detail that has been included has focused on the Nursing Assistant curriculum. The reasons for this are twofold: (1) the Nursing Assistant programs are by far the most dominant at the secondary level, and (2) the Washington State Board of Nursing has specified minimum standards for content of these programs. Content suggestions for a Health Careers program has also been included since this information is common to any health occupations program.

If you are a health occupations teacher in a program other than Nursing Assistant or Health Careers, you may be wondering where you might go for help in developing your curriculum. This section of the guide was developed to provide you with some answers.

Sources of curriculum content in health occupations:

1. Task Analysis. Performing a systematic analysis of the tasks performed by workers already on the job provides a realistic assessment of what students of the occupation should be learning. The analysis can be conducted by observing workers, interviewing them about what they do, and/or interviewing the workers' supervisors. Consult the reference by Ashley, Hindes, and Justice (Bibliography) for more detail.

2. Advisory Committee. Members of the program advisory committee should include both employers and employees within the occupation for which you are training students. Their suggestions can help you tailor your program to any unique needs of the community. Refer to the section of this Guide on "Advisory Committee Operations" for more detail.

3. Professional Organizations. If the occupation for which you are training students has a professional organization which oversees it, that group may have published guidelines for the curriculum you are developing. If not, members at the state or local level could be used as consultants in helping to formulate appropriate content. Contact your local or state for the professional organization.

4. Other Teachers. If another program like yours already exists in the state, contact the teacher for a copy of their content outline. The program specialist for T & I, T & HO at SPI can provide names and addresses.

5. Other Curriculum Guides. Even if your program is the first in the state, chances are another state has already produced a curriculum guide which provides suggestions for content. The best way to locate such

a guide is through ERIC - the Education Resource Information Center. Your school librarian can help you locate the library nearest you that has access to the ERIC system.

6. *Instructor's Experience*. As a health professional, your training and experience provide a valuable storehouse of information on what workers in entry-level positions should know.

All of these resources provide a slightly different outlook on the curriculum content. No one source can probably provide the balanced curriculum your students will need. When it is possible, combine the ideas from many different sources in producing the final curriculum.

CONTENT FOR COOPERATIVE HEALTH OCCUPATIONS

Cooperative Vocational Education is a phrase used to describe a specific method of vocational training; a method which combines the academic resources of the school (classroom learning, reading assignments) with practical application in the community workplace. The result is a coordinated learning/working experience that provides both the theory and practice for skills needed in a specific job.

The publication, Standards for Vocational Education Programs (81-4b), issued by SPI, lists the criteria which must be met for a cooperative program to be approved by SPI:

1. A cooperative student is legally employed.
2. There is a vocationally certificated instructor/ coordinator employed by the school district who is responsible for coordinating the instruction with on-the-job training.
3. There is provision for the instructor/coordinator to meet with the cooperative student group in a related class at a regularly scheduled time.
4. A minimum of one period of each school day is set aside for actual on-the-job training.
5. Provision is made for necessary record keeping on student employment, follow up and evaluation for local and state purposes.
6. The on-the-job training portion of cooperative vocational education programs will be conducted in accordance with a written training agreement between local educational agencies and employers.
7. The total number of hours of student employment is determined by the level of competency required in the chosen field. See Washington Administrative Code (WAC) 180-56-051.
8. Each student in a cooperative program has a career objective so that appropriate placement and relevant instruction can be arranged.
9. Provision is made for a minimum of five hours per week for each 25 students, or fraction thereof, for coordination time which includes among other things, time for individual student contact, time for planning related

vocational instruction, time for development of on-the-job training schedules, and time for consultation with other teaching staff who provide cooperative students with related instruction.

10. Coordination time in the amount of at least one-half hour per student per week is provided.

A final criterion for cooperative programs states "The cooperative method of instruction is generally not appropriate for training for the Health Occupations." It is true that health occupations should not be included as part of a Diversified Occupations program, as stated in the SPI guidelines. However, cooperative programming is appropriate in health occupations as long as the instructor (1) is a credentialed health professional, (2) is vocationally certified, and (3) has successfully completed the required course for teaching cooperative vocational education.

Instructors who have used the cooperative method for health occupations programs find it very beneficial. Some advantages cited are that cooperative vocational education:

1. Allows students from a single health occupations class to develop job skills in a variety of related areas, according to student interest.

2. Provides exposure to a "real job" atmosphere.

3. Allows students to learn employee responsibilities in a real situation.

4. Gives the instructor a chance to assist students in their first employment and to counsel them in employer-employee relationships.

5. Prevents the necessity for the school to invest in a large amount of expensive equipment.

6. Puts students into training positions that frequently lead to permanent employment.

7. Allows students to apply technical knowledge and earn a salary at the same time.

8. Provides for changes in training that can keep up with changes in the workplace.

Teachers who have not participated in a cooperative program are sometimes put off by the necessity to continually develop job sites. This means actively selling yourself and your program to potential employers. Yet teachers who use this method often stress that the constant contact with the healthcare "public" is one of the most stimulating parts of the job. And there is no question that this relationship with a broad section of the healthcare community builds a solid base of support for your program.

If you are interested in starting a cooperative health occupations program, check first with your vocational administrator to assure that the program would be compatible with the overall district program. Then consult the Program Specialist for T & I, T & HO at SPI for guidance and further details.

A good source of information about cooperative vocational education is:

Mason, Ralph E. and Haines, Peter G. _Cooperative occupational education_ (2nd Ed.). Danville, Illinois: The Interstate Printers and Publishers, 1972.

APPENDIXES

APPENDIX A

Definitions and D.O.T. Codes for Health Occupations Programs

DEFINITIONS AND D.O.T. CODES FOR HEALTH OCCUPATIONS PROGRAMS

The resource book, "Dictionary of Occupational Titles" (U.S. Dept. of Labor, 1979), defines occupations of all types and assigns a numeric identification code to each. For secondary health occupations programs, the following descriptions and numbers are appropriate.

#355.674-014 Nurse Aide, Hospital Attendant, Nursing Assistant

Assists in care of hospital patients, under direction of nursing and medical staff: Answers signal lights and bells to determine patients' needs. Bathes, dresses, and undresses patients. Serves and collects food trays and feeds patients requiring help. Transports patients to treatment units, using wheelchair or wheeled carrieage, or assists them to walk. Drapes patients for examinations and treatments, and remains with patients, performing such duties as holding instruments and adjusting lights. Dusts and cleans patients' rooms. Changes bed linens, runs errands, directs visitors and answers telephone. Takes and records temperature, pulse and respiration rates, and food and liquid intake and output, as directed. May apply compresses and hot water bottles. May clean, sterilize, store, prepare, and issue dressing packs, treatment trays, and other supplies and be designated as NURSE AIDE, CENTRAL SUPPLY (medical ser.). May prepare patients for delivery and clean delivery rooms, and be designated as NURSE AIDE, DELIVERY (medical ser.). May bathe, weigh, dress, and feed newborn babies and be designated as NURSE AIDE, NURSERY (medical ser.). May clean, sterilize, and assemble into packs, supplies and instruments used in surgery, and maintain cleanliness and order of operating rooms and be designated as NURSE AIDE, SURGERY (medical ser.).

#355.674-018 Orderly

Performs any combination of following duties, as directed by nursing and medical staff, to care for hospitalized patients: Bathes patients and gives alcohol rubs. Cleans and shaves hair from skin area of operative cases. Measures and records intake and output of liquids, and takes and records temperature, and pulse and respiration rate. Gives enemas. Carries meal trays to patients. Lifts patients onto and from bed, and transports patients to hospital areas, such as operating and X-ray rooms, by rolling bed, or using wheelchair or wheeled stretcher. Sets up equipment, such as oxygen tents, portable X-ray machines, and overhead irrigation bottles. Places anesthesia equipment near operating table, and assists in holding patient on table during administration of anesthetic. Sets up bone fracture equipment and assists PHYSICIAN (medical ser.) in putting on casts and braces. Maintains supply of hospital clothing for attending PHYSICIANS (medical ser.). Makes beds and collects soiled linen. Cleans rooms and corridors. Bathes deceased patients, accompanies body to morgue, and places personal belongings in mortuary box. May administer catheterizations and bladder irrigations. May accompany discharged mental patients home, or those transferred to other institutions.

#679.367-010 or #079.367.010 Medical Assistant

Performs the following duties under the supervision of a physician. Assists with examination and treatment of patients: Prepares treatment rooms for examination of patient. Drapes patient with covering and positions instruments and equipment. Hands instruments and materials to doctor as directed. Sterilizes and cleans instruments. Prepares inventory of supplies to determine items to be replenished. Interviews patients and checks pulse, temperature, blood pressure, weight, and height. May operate equipment, give injections or treatments, and assist in laboratory. May schedule appointments, receive money for bills, keep X-ray and other medical recores, perform secretarial tasks, complete insurance forms, and maintain financial records.

#079.391-010 Dental Assistant

Assists DENTIST (medical ser.) engaged in diagnostic, operative, surgical, periodontal, preventive, orthodonic, removable and fixed prosthdontic, endodontic, and pedodontic procedures during examination and treatment of patients: Provides diagnostic aids including exposing radiographs, taking and recording medical and dental histories, recording vital signs, making preliminary impressions for study casts, and making occlusal registrations for mounting study casts. Performs clinical supportive functions including preparing and dismissing patients; sterilizing and disinfecting instruments and equipment; providing postoperative instructions prescribed by DENTIST (medical ser.); and preparing tray setups for dental procedures. Assists DENTIST (medical ser.) in management of medical and dental emergencies. Assists in maintaining patient treatment records and maintaining operatory equipment and instruments. Performs such laboratory procedures as pouring, trimming, and polishing study casts; fabricating custom impression trays from preliminary impressions; cleaning and polishing removable appliances; and fabricating temporary restorations. Provides oral hygiene instruction,such as conducting plaque control program. Performs basic business office procedures, including maintaining appointment control, receiving payment for dental services, and maintaining supply order.

#079.367-010 Medical Record Technician, Hospital Record Administrator, Medical Record Administrator

Compiles and maintains medical records of hospital and clinic patients: Reviews medical records for completeness and accuracy. Codes diseases, operations, diagnoses, and treatments. Compiles medical care and census data for statistical reports. Transcribes medical reports. Maintains indexes on patient, disease, operation, and other categories. Directs routine operation of medical record department. Files, or directs MEDICAL-RECORD CLERK (medical ser.) to file patient records. Maintains flow of medical records and reports to departments. May assist medical staff in special studies or research.

APPENDIX B

Directory of Information Resources

DIRECTORY OF INFORMATION RESOURCES

The new health occupations teacher is likely to feel at a loss to know where to find resource materials. But once they see a list of what is available (much of it free) the problem becomes, "How do I choose?!"

Insurance companies, health-related organizations and agencies, medical supply companies, publishing houses and audiovisual companies are common suppliers of resource materials for health occupations programs. Believe it or not, what follows is a "selected" list of addresses, pared in the interest of space to contain those likely to be most useful.

The best way to find out what is currently available is to write to the agencies and companies and ask. It may be pamphlets on disease prevention, educational materials about disease, or career information about various health fields. Publishing companies will supply review copies of texts and other references before you buy. (You can sometimes get a free copy if you can convince the company by letter that you are in the market for a new text or will be using the book for reference.) Publishers and audiovisual companies will usually send a current catalog upon request. Once you are on the mailing list, you will probably continue to get current information as it becomes available.

In addition to the items on the pages that follow, a current list of vendors of educational materials can be found in the Washington Education Directory. The Directory is printed yearly and copies are available in each school district office (sometimes in each building principal's office). Local and regional vendors of medical equipment can be found in the telephone yellow pages under "Hospital Equipment and Supplies," "Physician and Surgeon Equipment and Supplies," and "Dental Equipment and Supplies." The large city yellow pages provide the best variety. Purchasing agents from the clinical facilities in your area can offer suggestions on where to find the best buys.

APPENDIX B

DIRECTORY OF INFORMATION RESOURCES

A. B. Dick Co., 5700 West Touhy Avenue, Chicago, IL 60648

Aetna Life and Casualty, Public Relations and Advertising Dept., Film Library, 151 Farmington Avenue, Hartford, CT 06115

Aims Instructional Media Services, Inc., P.O. Box 1010, Hollywood, CA 90028

Allergy Foundation of America, 801 Second Ave., New York, NY 10017

Allyn and Bacon, Inc., 470 Atlantic Ave., Boston, MA 02210

Aloe Medical-Health and Science Division, Brunswick Corporation, 1831 Olive St., St. Louis, MO 63103

American Academy of Pediatrics, 1891 Hinman Ave., Evanston, IL 60204

American Association for Inhalation Therapy, 3554 Ninth At., Riverside, CA 92501

American Association for Respiratory Therapy, 7411 Hinds Avenue, Dallas, TX 75235

American Assoication of Medical Assistants, 200 E. Ohio St., Chicago, IL 60611

American Association of Nurse Anesthetists, 111 East Wacker Dr., Suite 929, Chicago, IL 60601

American Cancer Society, 219 East 42nd St., New York, NY 10017

American College of Hosptical Administrators, 840 No. Lake Shore Dr., Chicago, IL 60611

American College of Nurse Midwives, 1000 Vermont Ave. NW, Washington, DC 20005

American Council on Education, 1785 Massachusetts Ave. NW, Washington, DC 20006

American Dental Assistants Association. 211 E. Chicago Ave., Chicago, IL 60611

American Dental Association, 211 E. Chicago Ave., Chicago, IL 60611

American Dental Hygienists Association, 211 E. Chicago Ave., Chicago, IL 60611

American Educational Films, 331 N. Maple Dr., Beverly Hills, CA 90210

American Heart Association, 44 E. 23rd St., New York, NY 10011

American Hospital Association, 840 N. Lake Shore Drive, Chicago, IL 60611

American Medical Association, 535 N. Dearborn, Chicago, IL 60611

American Medical Technologists, 710 Higgins Road, Park Ridge, IL 60068

American National Red Cross, Office of Public Relations, Washington, DC
20006

American Nurse's Association, 2420 Pershing Rd., Kansas City, MO 64108

American Nursing Home Association, 1025 Connecticut Ave. NW, Washington,
DC 20036

American Occupational Therapy Association, 6000 Executive Blvd., Rockville,
MD 20852

American Optometric Association, 7000 Chippewa, St. Louis, MO 63119

American Orthoptic Council, 3400 Massachusetts Ave., Washington, DC 20007

American Osteopathic Association, 2123 Ohio St., Chicago, IL 60611

American Pharmaceutical Association, 2215 Constitution Ave. NW, Washington,
DC 20037

American Physical Therapy Association, 1156 15th St. NW, Washington, DC
20005

American Podiatry Association, 20 Chevy Chase Circle NW, Washington, DC
20015

American Society for Medical Technology, 5555 West Loop South, Bellaire,
TX 77401

American Technical Society, 5608 Stony Island, Chicago, IL 60637

Arco Publishing Company, Inc., 219 Park Ave. South, New York, NY 10003

Association of American Medical Colleges, One Dupont Circle, Washington,
DC 20036

Association of Medical Illustrators, Medical College of Georgia, Augusta,
GA 30902

Association of Operating Room Nurses, The Denver Technological Center,
8085 E. Prentice Ave., Englewood, CO 80110

Association of Schools of Allied Health Professions, One Dupont Circle,
Washington, DC 20036

Au-Vid Inc., 1440 S. State College Boulevard, Building 2D, Anaheim, CA 92806

Bobbs-Merrill Educational Publishing Co., (Howard W. Sams Publications) 4300 W 62nd St., Indianapolis, IN 46206

Brady Co. (R.J.), Bowie, MD 20715

Bureau of Audio-Visual Instruction, P.O. Box 2039, 1312 West Johnson St., Madison, WI 53715

Careers, Inc., P.O. Box 135, Largo, FL 33540

Career Aids, Inc., 5024 Lankershim Blvd., North Hollywood, CA 91601

Careers in Health, United Health Service, Health Career Program, 225 S. 15th St., Philadelphia, PA 19102

Center for Occupational Curriculum Development, The University of Texas, P.O. Box 7218, Austin, TX 78712

Center for Vocational Education, Ohio State University, 1960 Kenny Road, Columbus, OH 43210

Cinema Pictures, Inc., 10212 Noble Ave., Mission Hills, CA 91340

Channing L. Bete Co, Inc., 45 Federal St., Greenfield, MA 01301

Collier's Encyclopedia, Collier-MacMillan Library Division, 60 Fifth Ave., New York, NY 10011

Concept Media, 1500 Adams Ave., Costa Mesa, CA 92626

Cornet Instructional Films, 65 E. South Water, Chicago, IL 60601

Council on Family Health, 633 Third Ave., New York, NY 10017

Counciling Films, Inc., P.O. Box 1047, Madison, WI 53701

Counselor Films, Inc., 1422 Chesnut St., Philadelphia, PA 19102

D.E.N.T (Direction for Education in Nursing via Technology), Appleton-Century-Crafts, Nursing Film Library, Educational Division, 440 Park Ave. S., New York, NY 10016

Delmar Publishers, Inc., 50 Wolf Road, Albany, NY 12205

Doubleday Multimedia, Box C-19518, 1371 Reynolds Avenue, Irvine, CA 92713

DuKane Corp., 2900 DuKane Dr., St. Charles, IL 60174

Eastman Kodak Co., 343 State St., Rochester, NY 14650

Education Media Distribution Center, 5034 Wisconsin Ave. NW, Washington, DC 20016

Encyclopaedia Britannica Films Inc., 1150 Wilmette Ave., Wilmette, IL 60091

Eye Gate House, 146-01 Archer Ave., Jamaica, NY 11435

Fairchild Publications, Inc., (Books and Visuals) 7 East 12th St, New York, NY 10003

Fearon Publishers/Lear Sieglas, Inc., 6 Davis Dr., Belmost, CA 94002

Ferguson Publishing Co., 6 North Michigan Ave., Chicago, IL 60602

Gregg/Community College Division, McGraw-Hill, 1221 Avenue of the Americas, New York, NY 10020

Guidance Associates, 23 Washington Ave., Pleasantville, NY 10510

Hancock (John) Mutual Life Insurance Co., Health Education Service, 200 Berkely St., Boston, MA 02116

Harper and Row Publishers, Inc., 49 East 33rd St., New York, NY 10003

Health Information Foundation, Public Relations Director, 420 Lexington Ave., New York, NY 10017

Health Insurance Institute, 1850 K St. NW, Washington, DC 20006

Holbrook Press, Inc., 470 Atlantic Ave., Boston, MA 02210

Holt, Rinehart, and Winston, Inc., 383 Madison Ave., New York, NY 10017

Honeywell Information Systems, 200 Smith St. (MS 440), Waltham, MA 02154

Ideal School Supply Co., 11000 S. Lavergne Ave., Oak Lawn, IL 60453

Indiana University Audio-Visual Center, Bloomington, IN 47401

Instructional Materials, Trade and Industrial Education, PO Box 2847, University, AL 35864

Kenny Rehabilitation Institute, Audio-Visual Publications Office, 1800 Chicago Ave., Minneapolis, MN 55404

Lawren Productions, Inc., 4233 Wooster Ave., San Mateo, CA 94403

Lederle Laboratories, Division of American Cyanamide, Film Library, Pearl River, NY 10965

Lilly (Eli) and Company, Audio-Visual Film Library, PO Box 618, Indianapolis, IN 46206

Lippincott (J.B.), East Washington Square, Philadelphia, PA 19105

MacMillan Company Publishers, 866 Thrd Ave., New York, NY 10022

Matthews Medical and Scientific Books, Inc., 3140 Park Ave., St. Louis, MO 63104

McGraw-Hill Book Company, 1221 Avenue of the Americas, New York, NY 10020

McGraw-Hill Text Films, 1714 Stockton St., San Francisco, CA 94113

McKnight and McKnight Publishing Co., Towanda Ave. at Rte 66, Bloomington, IL 61701

Metropolitan Life Insurance Co., One Madison Ave., New York, NY 10010

Milady Publishing Corp., 3920 White Plains Rd, Bronx, NY 10467

Mosby (C.V.) Company, 3207 Washington Blvd, St. Louis, MO 63101

National Association for Mental Health, Inc., 1900 N. Kent St., Rosslyn Station, Arlington, VA 22209

National Association for Retarded Citizens, 2709 Ave. E East, Arlington, TX 76010

National Assocation of Hearing and Speech Agencies, 919 Eighteenth St. NW, Washington, DC 20006

Nasco, Fort Atkinson, WI 53538

National Audio-Visual Center, National Archives and Records Service, Washington, DC 20409

National Council for Homemaker-Home Health Aide Services, 67 Irving Place, 6th floor, New York, NY 10003

National Council on the Aging, 1828 "L" St. NW, Washington, DC 20036

National Council on Alcoholism, Publications Division, 2 East 103rd St., New York, NY 10029

National Dairy Council, Program Service Department, 111 N. Canal St., New York, NY 10012

National Easter Seal Society, 2023 W. Ogden Ave., Chicago, IL 60612

National Educational Media, Inc., 15760 Ventura Blvd., Encino, CA 91436

National Foundation for Sudden Infant Death, 1501 Broadway, New York, NY 10036

National Health Council, Inc., 1740 Boradway, New York, NY 10019

National League for Nursing, 10 Columbus Circle, New York, NY 10019

National Medical Audio-Visual Center Annex, Station K, Atlanta, GA 30324

National Multiple Sclerosis Society, 257 Park Ave. South, New York, NY 10010

National Safety Council, Deaprtment H, PO Box 11171, Chicago, IL 60611

National Society for the Prevention of Blindness, 79 Madison Ave., New York, NY 10019

National Student Nurses' Association, Inc., 10 Columbus Circle, Room 2330, New York, NY 10019

National Training Aids, Inc., PO Box 81132, Atlanta, GA 30341

Nutrition Foundation, Inc., 888 17th St. NW, Washington DC 20006

Ohio State University, Film Distribution Supervisor, 156 W. 19th Ave., Columbus, OH 43210

Pacifica Tape Library, 2217 Shattuck Ave., Berkeley, CA 94704

Prentice-Hall Media, 150 White Plains Road, Tarrytown, NY 10591

Pyramid Film Producers, PO Box 1048, Santa Monica, CA 90400

Ross Laboratories, Creative Services and Information Department 625 North Cleveland Ave., Columbus, OH 43216

Saunders (W.B.) Company, West Washington Square, Philadelphia, PA 19105

Science Kit, Inc., 2299 Military Road, Box 69, Tonawanda, NY 14150

Scott, Foresman and Co., 1900 E. Lake Ave., Glenview, IL 60025

Society for Visual Education, Inc., 1345 Diversey Pkwy., Chicago, IL 60614

Springer Publishing Company, 200 Park Ave., New York, NY 10003

Steck-Vaughn Compnay, PO Box 2028, Austin, TX 78767

Teaching Films, Inc., PO Box 66824, Houston, TX 77006

3-M Company Visual Products Division, 3-M Center, St. Paul, MN 55101

Techniques Learning Council, 921 East Green Street, Pasadena, CA 91106

Trainex Corporation, PO Box 116, Garden Grove, CA 92542

Troll Assoc., 320 Rt. 17, Mahway, NJ 07430

Visual Education Service, The Yale University Divinity School, 409 Prospect Ave., New Haven, CN 06511

Wiley (John) and Sons, Inc., 605 Third Ave., New York, NY 10016

APPENDIX C

The Law Relating to Nursing Assistant Training

APPENDIX C

The Law Relating To

NURSING ASSISTANT TRAINING

RCW 18.52A

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Section 1. The legislature finds that the quality of patient care in nursing homes is dependent upon the competence of the personnel who staff their facilities. To assure the availability of trained personnel in nursing homes, the legislature recognizes the need for the development of an entry-level training program for nursing assistants.

Section 2. Unless the context requires otherwise, the definitions in this section apply throughout this chapter.

(1) "Nursing assistant" means a person who assists in the care of patients, in a facility licensed under chapter 18.51 RCW, under the direction and supervision of a registered nurse or licensed practical nurse.

(2) "Department" means the department of social and health services.

(3) "Nursing home" means a facility licensed under chapter 18.51 RCW.

(4) "Board" means the state board of nursing.

Section 3. (1) Any nursing assistant employed by a nursing home, who has satisfactorily completed a nursing assistant training program under this chapter, shall, upon application, be issued a certificate of completion.

(2) After June 30, 1980, all nursing assistants employed by a nursing home shall be required to show evidence of satisfactory completion of a nursing assistant training program, or that they are enrolled in and are progressing satisfactorily towards completion of a training program under standards promulgated by the board, which program must be completed within six months of employment. A nursing home may employ a person not currently enrolled if the employer within twenty days enrolls the person in an approved training program. All persons enrolled in a training program must satisfactorily complete the program within six months from the date of initial employment.

(3) All nursing assistants who, on the effective date of this act, are employed in nursing homes shall be given the opportunity to obtain a certificate of completion by passing a written and/or

practical examination developed by the board and conducted by a school or nursing home, or by providing evidence of sufficient practical experience. The board shall adopt rules specifying the amount of practical experience to be required for the issuance of a certificate under this section.

(4) Compliance with this section shall be a condition of licensure of nursing homes under chapter 18.51 RCW.

Section 4. (1) The board shall establish minimum curriculum standards and approve or disapprove curriculum used in nursing assistant training programs. The standards shall include, as a minimum, instruction in patient environment, patients' psychosocial needs, aseptic technique, personal hygiene, excretory systems, basic nursing procedures, food service, and fire safety, consisting of at least twenty-five classroom hours and at least fifty hours of supervised and on-the-job training clinical practice. The fifty hours may consist of employment as nurse assistants under supervision of a registered nurse.

(2) For nursing assistant training programs conducted by nursing homes, the board shall adopt additional minimum standards covering noncurriculum matters such as, but not limited to, staffing and teacher qualifications. Of the standards adopted by the board, nursing assistant training programs conducted by publicly supported schools, and private educational institutions accredited by the northwest association of schools and colleges, shall be required to meet only those standards established under subsection (1) of this section.

(3) The board shall periodically review the nursing assistant training programs conducted by nursing homes. Upon completion of the review, the board shall approve or disapprove each program.

(4) The superintendent of public instruction and the state board for community college education shall periodically review with the board the nursing assistant training programs conducted by publicly supported schools within the agencies' respective jurisdictions. Upon completion of the review, the board shall approve or disapprove each program, and graduates of such approved programs shall automatically be certified.

Section 5. Nothing in this chapter shall be construed as conferring on a nursing assistant the authority to administer medication or to practice as a registered nurse or licensed practical nurse.

Section 6. The department and the board shall, within ninety days of the effective date of this act, adopt such rules as are necessary for the implementation of this chapter.

Section 7. The department shall provide rate adjustments to nursing homes for the portion of additional costs attributable to the requirements of this act.

Section 8. Sections 2 through 7 of this act shall constitute a new chapter in Title 18 RCW.

Chapter 308-121
NURSING ASSISTANTS

WAC

308-121-010 NURSING ASSISTANTS EMPLOYED IN NURSING HOMES ON JUNE 7, 1979 OR WITHIN ONE YEAR PRIOR TO THIS DATE - REQUIREMENTS FOR OBTAINING CERTIFICATE OF COMPLETION OF A NURSING ASSISTANT TRAINING PROGRAM.

308-121-020 NURSING ASSISTANT CERTIFICATE EXAMINATION.

308-121-030 NURSING ASSISTANT TRAINING PROGRAM CURRICULUM.

308-121-040 NURSING ASSISTANT TRAINING PROGRAMS CONDUCTED BY NURSING HOMES.

308-121-050 NURSING ASSISTANTS TRAINED IN PROGRAMS NOT SPECIFIED IN WAC 308-121-030 AND WAC 308-121-040.

308-121-060 ISSUING CERTIFICATES OF COMPLETION.

* * *

WAC 308-121-010 NURSING ASSISTANTS EMPLOYED IN NURSING HOMES ON JUNE 7, 1979 OR WITHIN ONE YEAR PRIOR TO THIS DATE - REQUIREMENTS FOR OBTAINING CERTIFICATE OF COMPLETION OF A NURSING ASSISTANT TRAINING PROGRAM. (1) Any individual who was employed on June 7, 1979 or within one year prior to this date by a nursing home to assist in the care of patients under the direction and supervision of a registered nurse or licensed practical nurse may obtain a certificate of completion by meeting one of the following requirements:

(a) completion of a training program comparable to the curriculum defined in WAC 308-121-030 within three years prior to the effective date of these rules which curriculum is submitted to and approved by the Board; or

(b) evidence of at least 2,000 hours employment as a person providing services defined for a nursing assistant in a nursing home:

(i) within three years prior to June 7, 1979; and

(ii) with documentation of staff development attended as required by state and federal regulations for the most recent year of employment; or

(c) passage of a written or practical examination as defined in WAC 308-121-020.

(2) A roster of nursing assistants issued certificates shall:

(a) be verified by the nursing home staff development designee defined in WAC 248-14-245; and

(b) be submitted to the Board on forms provided by the Board within thirty days of completion.

WAC 308-121-020 NURSING ASSISTANT CERTIFICATE EXAMINATION.

(1) A certificate of completion for an individual employed on

June 7, 1979 or within one year prior to this date by a nursing home to assist in the care of patients under the direction and supervision of a registered nurse or licensed practical nurse may be obtained by passing a written or practical examination. The nursing assistant has the option of choosing one or both of the following:

(a) a written examination which shall:

(i) be developed and approved by the Board;

(ii) be comprised of questions on the major areas of the curriculum as defined in WAC 308-121-030;

(iii) have 70% as the passing score in each major area of the curriculum;

(iv) be in writing but which may be read to the nursing assistant, and the answers given in writing or orally by the nursing assistant; and

(v) be conducted under examination conditions approved by the Board.

(b) a practical examination which shall:

(i) be developed and approved by the Board;

(ii) measure the competencies of the nursing assistant as defined in WAC 308-121-030 on forms provided by the Board;

(iii) have a passing score of satisfactory in all areas;

(iv) be conducted by an RN and the results attested to by the nursing home staff development designee defined in WAC 248-14-245; and

(v) be conducted under exam conditions approved by the Board.

(2) Failure to pass the examinations:

(a) after first failure of either the written or practical examination the nursing assistant shall:

(i) obtain documented retraining in the area of failure; and

(ii) repeat the examination in the area of failure;

(b) after second failure of either the written or practical examination the nursing assistant shall complete a training program as defined in WAC 308-121-030.

WAC 308-121-030 NURSING ASSISTANT TRAINING PROGRAM CURRICULUM.

(1) Board approval of the curriculum as defined herein is required for all nursing assistant training programs.

(a) evidence that the curriculum as defined herein is included in the nursing assistant training programs shall be submitted to the Board on forms provided by the Board.

(b) for programs conducted in schools and colleges beginning during the months of September, October, and November, 1979, Board approval may be obtained after the program has begun but in all cases shall be obtained prior to completion.

(c) changes related to the curriculum shall be submitted to the Board for approval thirty days prior to their implementation.

(d) every two years the Board shall review with the Superintendent of Public Instruction and the State Board for Community College Education the curricula of nursing assistant training programs conducted by publicly supported schools within the agencies' respective jurisdiction. Upon completion of the review, the Board shall approve or disapprove each program.

(2) Curriculum requirements for nursing assistants training program:

(a) the minimum number of contact hours required is 25 in classroom and 50 in clinical practice under the supervision of a registered nurse;

(b) classroom instruction shall include but not be limited to content areas with minimum hours as listed and clinical practice shall focus on the objectives as listed. Exceptions shall be justified to and approved by the Board; and

(c) specific references shall be made to federal and state laws and regulations affecting nursing assistant practice in nursing homes.

(3) Classroom instruction shall stress total care of the resident and consist of:

(a) role responsibility - 3 hours:
(i) ethical;
(ii) legal;
(iii) member of the health care team; and
(iv) resident's rights and responsibilities.
(b) safety concepts - 4 hours:
(i) medical aseptic technique including isolation;
(ii) environment;
(iii) body mechanics;
(iv) transfer and ambulation;
(v) restraints and other protective devices;
(vi) fire and disaster; and
(vii) food service.
(c) communications - 4 hours:
(i) psychosocial needs:
(A) verbal and nonverbal communications;
(B) modifications for the handicapped; and
(C) overview of programs supporting treatments for mental and physical limitations;
(ii) medical and nursing terminology; and
(iii) recording and reporting.
(d) hygiene and restorative nursing care - 5 hours:
(i) personal hygiene;
(ii) activities of daily living;
(iii) nutrition;
(iv) excretory system;
(v) bladder and bowel retraining; and
(vi) preventive maintenance and rehabilitative measures.
(e) growth and development - 5 hours:
(i) basic needs;
(ii) developmental needs;
(iii) cultural factors;
(iv) process of aging including sexuality; and
(v) death and dying.
(f) monitoring body functions - 4 hours:
(i) vital signs;
(ii) height and weight;
(iii) intake and output; and
(iv) specimen collection and testing.

(4) Objectives of the supervised clinical practice shall describe in measurable terms the competencies of the graduate which include the following:

(a) incorporation of role responsibilities by:

(i) utilizing ethical/legal concepts in relation to self, health team members, residents and significant others;

(ii) maintaining confidentiality of information;

(iii) identifying administrative lines and reporting problems to the appropriate person;

(iv) identifying range and limitation of nursing assistant functions;

(v) accepting responsibility for own actions;

(vi) demonstrating promptness and dependability;

(vii) seeking assistance when unsure about appropriate action;

(viii) participating as a member of the health care team which includes the development and updating of resident care plans; and

(ix) utilizing the concept of the "Patient's Bill of Rights and Responsibilities" in resident relationships.

(b) demonstration of knowledge of safety concepts by:

(i) utilizing principles of medical asepsis and isolation techniques;

(ii) providing adequate ventilation, warmth, light and quiet measures;

(iii) utilizing measures that relieve pain and/or promote rest and sleep;

(iv) maintaining equipment and resident space clean and orderly;

(v) identifying and utilizing measures for accident prevention;

(vi) applying principles of body mechanics to self;

(vii) applying principles of body mechanics in transfers and ambulation of residents;

(viii) demonstrating proper application and release of restraints and other protective devices and care of residents in protective devices;

(ix) demonstrating knowlege of fire and disaster procedures; and

(x) applying principles of health and sanitation in the service of food.

(c) demonstration of appropriate communication skills by:

(i) listening and responding to verbal and nonverbal communication;

(ii) recognizing that one's own behavior influences resident's behavior;

(iii) seeking assistance in understanding resident's behavior;

(iv) making adjustments for physical or mental limitations;

(v) using terminology accepted in employing nursing home to record and report observations and pertinent information;

(vi) recording and reporting observations, activities and communications accurately; and

(vii) reading and documenting implementation of nursing orders.

(d) demonstration of knowledge of hygiene and restorative nursing care by:

(i) providing personal hygiene measures appropriately;

(ii) utilizing measures that promote good skin care including the use of anti-pressure procedures and devices;

(iii) carrying out preventive maintenance and rehabilitative measures such as therapeutic ambulation, exercise, range of motion and bed positioning in daily care;

(iv) recognizing and allowing opportunity for self-care according to resident's capability;

(v) assisting in the provision of adequate nutrition including fluid intake and progressive self feeding;

(vi) identifying and monitoring special dietary needs;

(vii) following correct procedures to aid adequate elimination from bladder and bowel;

(viii) demonstrating an understanding of the concepts of bladder and bowel retraining; and

(ix) making adjustments for physical and mental limitations.

(e) demonstration of knowledge of growth and development concepts by:

(i) identifying common basic human needs;

(ii) assisting in the provision for religious needs;

(iii) recognizing the resident's family as an influence on behavior and care;

(iv) identifying developmental tasks of aging;

(v) identifying cultural factors that may influence behavior;

(vi) describing the body responses, including sexuality, in the normal life cycle;

(vii) describing responses to loss, dying and death; and

(viii) demonstrating knowledge of post-mortem care.

(f) demonstration of accurate monitoring of body functions in:

(i) taking vital signs, height and weight and measuring intake and output;

(ii) collecting specimens such as sputum, urine, and stool, and testing where appropriate; and

(iii) recognizing and reporting deviations from normal limits.

WAC 308-121-040 NURSING ASSISTANT TRAINING PROGRAMS CONDUCTED BY NURSING HOMES. (1) Board approval required for non-curriculum matters in nursing assistant training programs conducted by nursing homes.

(a) all nursing homes shall apply to the Board for approval before conducting a training program leading to certification. Application forms shall be provided by the Board.

(b) evidence that the requirements for the curriculum as defined in WAC 308-121-030 and the non-curriculum matters as defined herein have been met shall be submitted to the Board on forms provided upon request at least ninety days prior to the first day of class.

(c) the nursing home shall be notified of the Board action regarding approval or disapproval with deficiencies noted within sixty days of receipt of request for Board approval.

(d) Board approval must be obtained before the training program begins.

(e) changes related to the following requirements in an approved program shall be submitted to the Board for approval prior to their implementation.

(f) every two years the Board shall review the nursing assistant training programs conducted by nursing homes. Upon completion of the review, the Board shall approve or disapprove each program.

(2) Requirements for non-curriculum matters for nursing assistant training programs conducted by nursing homes:

(a) philosophy, objectives.

(i) the philosophy of the program shall be in writing and shall clearly indicate the belief of the nursing home about education, training and its responsibilities to trainees.

(ii) the objectives of the program shall be clearly stated and shall identify in measurable terms the competencies of its trainees completing the program.

(b) organization.

(i) the program shall be conducted by a licensed nursing home.

(ii) the nursing home conducting the training program shall have an organizational chart showing lines of authority and cooperative relationships of the program with administration, other departments and agencies.

(iii) where clinical facilities are used outside the nursing home conducting the program, a letter of agreement identifying the responsibilities of the training program and the clinical facility signed by the program director and administrator respectively, shall be kept on file with the nursing home conducting the program.

(c) facilities and resources.

(i) physical facilities for teaching shall be provided to meet the needs of the program, the number of trainees and the instructional staff.

(ii) resources for planned learning experiences shall provide quality and variety to meet the objectives of the program.

(iii) clinical facilities used for trainees shall meet the requirements contained in WAC 248-14-240 and WAC 248-14-260 as now existing or hereafter amended.

(d) instructional staff.

(i) the program director shall be a registered nurse licensed by the state of Washington with a minimum of two years of nursing practice within the last five years.

(ii) all nurses on the instructional staff shall be currently licensed in the state of Washington.

(iii) the instructional staff nurses may delegate to other licensed nursing staff selected elements of clinical practice, however, they shall be available on site for supervisory consultation.

(iv) other instructional staff may include qualified specialists teaching in their areas of expertise.

(v) instructional staff responsibilities shall include:

(A) creating and maintaining an environment conducive to teaching and learning;

(B) assisting in the development and implementation of program policies and approved curriculum;

(C) facilitating teaching and program evaluation and revision.

(vi) instruction staff/trainee ratio shall have ten as the maximum number of trainees in the clinical practice area for which an instructor shall be responsible at any one time. Exceptions shall be justified to and approved by the Board.

(e) Curriculum. The curriculum shall include but not be limited to the content and objectives as listed in WAC 308-121-030.

(f) Trainees.

(i) requirements for admission: trainees must be able to communicate in English.

(ii) requirements for completion: trainees complete the program when the competencies as listed in WAC 308-121-030 are satisfactorily demonstrated to the instructional staff and verified by the program director.

(g) Records and reports.

(i) the nursing home conducting the program shall provide for the safe maintenance of records for a ten-year period which include:

(A) program director and instructional staff qualifications;

(B) course outline and schedule;

(C) dates of employment, enrollment, class attendance and completion of program;

(D) teaching methodology including the number of classroom hours and hours in supervised clinical practice;

(E) evaluation tool for trainee performance based on the competencies defined in WAC 308-121-030;

(F) documentation of Board approval of program; and

(G) a copy of the certificate of completion.

(ii) a roster of nursing assistants issued certificates of completion verified by the program director shall be submitted to the Board on forms provided by the Board within thirty days of issuance.

WAC 308-121-050 NURSING ASSISTANTS TRAINED IN PROGRAMS NOT SPECIFIED IN WAC 308-121-030 AND WAC 308-121-040. (1) Any nursing assistant who has completed a nursing assistant training program not specified in WAC 308-121-030 and WAC 308-121-040 may be issued a certificate of completion by a nursing home when the following conditions are met:

(a) the curriculum of the training program has been verified as comparable to the curriculum defined in WAC 308-121-030 by the nursing home staff development designee defined in WAC 248-14-245; and

(b) the verification has been submitted to and approved by the Board on forms provided by the Board.

(2) These programs may include but shall not be limited to:

(a) programs conducted or in progress from June 7, 1979 to the effective date of this rule;

(b) basic nursing courses completed since 1976 in schools of nursing approved pursuant to chapters 18.88 and 18.78 RCW;

(c) programs conducted in other states; and

(d) apprenticeship programs approved under chapter 49.04 RCW.

WAC 308-121-060 ISSUING CERTIFICATES OF COMPLETION. (1) Any nursing assistant employed by a nursing home who has satisfactorily completed a nursing assistant training program or the equivalent as provided in these rules shall be issued a certificate of completion.

(2) A copy of the certificate of completion shall be maintained in the employing nursing home.

APPENDIX D

Sample Forms for Starting a Program

(LABOR MARKET SURVEY - TELEPHONE)

Name of Firm:

Address:

Telephone:

Contact Person:

(For any specific occupational title:)

1. How many employed?

2. Wages - starting

3. Any opening now?

4. When was last opening?

5. Do you anticipate any openings in the near future?

6. Part-time/full-time available

(HEALTH FACILITY INTEREST SURVEY)

Vocational Skills Center Dental Assisting Program

I would like to assist the Vocational Skills Center's DENTAL ASSISTING PROGRAM by:

_____ Volunteering services (_______ days per _________)

_____ Giving classroom presentations.

_____ Having a student for on-the-job training.

_____ Having a student observer.

_____ Participating as a member of the Advisory Committee.

_____ Hiring a trained Assistant from the program.

_____ Will accept Vocational Skills Center's Dent-Alert referrals.

_____ Other: ____________________________________

Name: ______________________________ Phone: ____________

Address: ____________________________________

Available Days: ____________________________________

THANK YOU FOR YOUR COOPERATION AND INTEREST!

(This form fits on a half page and can be mailed to potential volunteers)

APPENDIX E

Sample Form for School/Health Facility Agreement

Yourtown Public Schools/Health Care Facility Agreement For Health Occupations Program

This agreement is made and entered into by and between the Yourtown School District, designated hereinafter as the *School District*, and the

____________________________, ____________________________,
(Name of *Health Facility*) (Address)

designated hereinafter as the *Health Facility* on this ________ day of ______________________, 19___.

I. PURPOSE OF THIS AGREEMENT:

The *Health Facility* agrees to provide facilities for clinical education of the Nursing Assistant students of the *School District*.

II. RESPONSIBILITIES OF THE *SCHOOL DISTRICT:*

A. The nursing instructor of the *School District* will plan and implement the education offered to the student in the clinical situation. He/she will confer with the educational coordinator of the *Health Facility* in relation to the assignment of students in the institution (i.e. nursing unit, hours and days).

At the beginning of each school year, the nursing instructor will provide the educational coordinator of the *Health Facility* with the following information:

1. The number of students to be assigned.
2. The dates and hours of assignment.
3. The dates of vacations and holidays of the *School District* which are observed by the students and faculty.
4. A health report on each nursing assistant student.

B. The nursing instructor will volunteer his/her services as a resource person in relation to studies concerning patient care, nursing research, etc.

C. The *School District* will provide an instructor during all hours in which the students are assigned to the clinical area.

III. RESPONSIBILITIES OF THE *HEALTH FACILITY*:

A. The *Health Facility* will have a conference room available in which the students may participate in group discussions or receive individual counseling. The use of this space is to be scheduled with the educational coordinator.

B. The *Health Facility* will allow, at times, the use of supplies and equipment for educational purposes.

C. The *Health Facility* will provide access to sources of information necessary for nursing education, e.g., patient charts, nursing Kardex, procedure books and reference materials/books.

D. The nursing instructor and a representative of the *Health Facility* will meet at the beginning and end of each academic quarter to discuss the educational program and the clinical experience.

E. The *Health Facility's* medical and nursing staff will be willing to participate in the education of nursing assistants (i.e., in the role of resource personnel or clinical experts).

F. The *Health Facility* will designate ______________________________,
(Name of *Health Facility* person)
______________________________ to serve as the educational
(Title)
coordinator.

G. The *Health Facility* will have the right to immediately use means to correct the situation should a student's performance, at any time, prove to be unacceptable. A review of the case will be made by the administration of the *Health Facility* and the *School District* as soon as convenient and proper action, if any, may be taken.

IV. STATUS AND RESPONSIBILITIES OF THE NURSING ASSISTANT STUDENTS:

A. The students will have the status of learners and shall not replace *Health Facility* personnel. Any service rendered by the students shall be incidental to the educational purpose of the clinical experience and no stipend will be provided by the *Health Facility*.

B. The students are required to adhere to the standards, policies and regulations of the *Health Facility* during their clinical assignment.

C. The students will wear the designated uniform and are to be properly dressed and groomed at all times.

V. LIABILITY OF THE CONTRACTING AGENCIES:

The *School District* will carry comprehensive general liability insurance. The *Health Facility* is named as an additional insured. Proof of coverage is to be supplied to the *Health Facility*.

VI. TERMS OF AGREEMENT:

This agreement becomes effective the date on which it is mutually entered into by the administrators of the *School District* and the *Health Facility*. It will be an ongoing agreement. Six months' notice will be given if renewal of the agreement by the *Health Facility* or the *School District* is not contemplated. However, termination of the agreement shall not become effective for the students presently enrolled in the program should this termination prevent the completion of requirements necessary for completion of the program.

Changes in this agreement can be made at any time by mutual agreement of the *School District* and the *Health Facility*.

Signature	Signature
Title Date	Title Date
Signature	
Title Date	

APPENDIX F

Sample Forms for Student Recruitment and Enrollment

(STUDENT INTEREST/BACKGROUND ASSESSMENT)

Health Occupations

Name________________________________ Birthdate____________________

Please complete answers to all of the questions below.

1. Why are you interested in a course called Health Occupations?
2. What do you expect this course will mean to you?
3. What are your plans following high school graduation?
4. List three goals you have in life.
5. What are your hobbies?
6. Do you enjoy working with other people? Why or why not?
7. How would you rate your health?
8. Are you usually punctual and dependable?
9. Could you drive for field trips?
10. Do you have a job? How many hours a week?
11. In what extracurricular activities do you participate?

Application for Enrollment
in
Health Occupations - Nursing Assistant

NAME____________________ BIRTHDATE__________

ADDRESS____________________ HOME PHONE__________

PARENT/GUARDIAN____________________ GRADE__________

PLEASE LIST YOUR REASONS FOR CHOOSING THIS COURSE__________

WHO RECOMMENDED YOU?__________

WHAT IS YOUR AVERAGE GRADE IN SCHOOL?__________

WHAT SCIENCE? PSYCHOLOGY? OR RELATED COURSES HAVE YOU STUDIED?__________

WHAT IS YOUR ATTENDANCE PATTERN?__________

WHAT ARE YOUR FUTURE PLANS?__________

IN WHAT EXTRA-CURRICULAR ACTIVITIES DO YOU PARTICIPATE?__________

ARE YOU EMPLOYED AT THE PRESENT TIME?__________

HOW DO YOU RATE YOUR OWN HEALTH?__________

HAVE YOU EVER WORKED WITH ILL OR HANDICAPPED PEOPLE?__________

HOW MANY CREDITS DO YOU NEED TO GRADUATE?__________

DO YOU WANT A PERSONAL INTERVIEW WITH THE INSTRUCTOR PRIOR TO MAKING A COMMITTMENT?__________ WHEN ARE YOU AVAILABLE?__________

(PARENT PERMISSION FORMS*)

(Type on School Letterhead)

Dear Students,

Students in Health Occupations will be involved in field trips and student work experiences that require certain forms signed:

1. Parent/guardian permission slip to participate in the class

   Due date:______________________________________

2. Medical clearance form signed by your family physician

   Due date:______________________________________

3. Permission to leave Vocational High School grounds, signed by parent/guardian

   Due date______________________________________

4. Proof of student accident insurance

   Due date:______________________________________

5. PPD (Tuberculin test) report. This is available from your private physicial or from the South Snowbound County Health Department at 19701 Sincker Lake Road in Yourtown; phone 775-3522. The cost is $1.00. This can be obtained during a field trip (fall quarter). (Parental/guardian permission is required, and a 48-hour follow-up visit is required to read the test results.)

6. Health Food Card. Available from the Health Department for a $2.00 charge. (A PPD test is required to obtain a Health Food Card.)

   Due date:______________________________________

7. Students will be required to have parking permits if they are driving their cars to Vocational High School.

   Due date:______________________________________

(*According to your district policy, you may or may not need forms such as those suggested below. Check with your district for approved forms, or ask the program specialist at T & I, T & HO at SPI for examples of forms used in other districts.)

APPENDIX G

Sample Forms for Student Evaluation

APPENDIX G

(STUDENT EVALUATION CRITERIA)

Grading Procedure

WRITTEN TESTS		40%
SKILLS (Clinical Performance)		20%
ATTITUDE		40%
3 reports	20%	
Attitude	20%	

-Notebooks

-Attendance & punctuality

-Extra points

-Work readiness

-Participation

-Cooperation

-Respect for fellow workers

-Care of materials & facility

-Honesty

-Classroom attention

(STUDENT EVALUATION CRITERIA)

Dental Assisting Program

ALL STUDENTS WILL BE EVALUATED THROUGHOUT THE YEAR ACCORDING TO THE FOLLOWING CRITERIA BY OBSERVATION AND EVALUATION SHEETS:

1. Performance on the job
2. Reliability in carrying out instructions
3. Observance of school rules and policies
4. Acceptance of responsibility
5. Ability to train others
6. Ability to accept criticism
7. Cooperation with other students
8. Initiative - keeps busy and finds things to do
9. Versatility - able to work in different areas
10. Reliability in taking care of equipment
11. Prevention of waste
12. Pleasant attitude - enthusiasm
13. Clean and proper attire
14. Personal appearance
15. Courtesy to patients and others
16. Thoroughness - quality of work
17. Willingness to learn
18. Quizzes and tests
19. Evaluations of competencies
20. Attendance: students will demonstrate employable reliability by attending 100% of the classes offered each trimester.
    1. students will be on time each day
    2. students will remain productive for the entire class period
    3. students will make prior arrangements for or notify the Skill Center on the day of an unavoidable absence.
    4. points will be lost due to absences and your grade will be lowered.
    5. YOU are responsible to obtain the information or assignments that you have missed the very day you return.

APPENDIX G

Student Progress Report

Name ______________________________ Date: From ______ 19 ___ To ________ 19 ___

Hospital or Agency ______________________________________ Ward _______

	Poor	Fair	Good	Very Good	Excel-lent	Special Remarks
Personal Qualifications						
1. Tactful						
2. Courteous						
3. Cheerful						
4. Dependable						
5. Uses common sense						
6. Friendly manner						
Personal Appearance						
1. Uniform (cap, shoes, hose, blouse pinafore)						
2. Personal cleanliness, neatness						
3. Posture						
Attitude						
1. Toward patients						
2. Toward associates						
3. Toward those in authority						
4. Toward guests & visitors						
Nursing Ability						
1. Performs procedures skillfully						
2. Considers safety & comfort of patients						
3. Observant						
4. Industrious						
5. Uses time efficiently						
6. Work presents finished appearance						
7. Eager to learn						
8. Accepts constructive criticism						
9. Shows improvement						
10. Works well with others						
11. Economy in use of materials & equipment						

Special Comments: ____

Date __________________ Instructor's Signature ____________________

Students Remarks: ____

Date __________________ Student's Signature ____________________

APPENDIX G

(SKILLS ASSESSMENT)

Criteria for Trimmed Study Models

Name________________________________ Date____________________

	Possible	Score
*1. Backs are parallel when study casts are set on heels and occluded.	20	____
*2. Heels are also parallel on both casts when occluded.	10	____
Maxillary		
*3. Anterior cuts - angles at central incisors	13	____
*4. Anterior cut - angles at each cuspid	10	____
*5. Buccal cut parallel to buccal surface	10	____
*6. Base is one-half inch thick in palatal area	5	____
Mandibular		
*7. Anterior cut arches symmetrically from cuspids	10	____
*8. Buccal cut parrallel to buccal surface	10	____
*9. Base on one-half inch thick in tongue area	5	____
10. Casts are polished correctly	3	____
11. Name on each cast	2	____
12. Date on each cast	2	____
TOTAL SCORE	100	____

*Crucial performance items

APPENDIX G

(STUDENT ASSESSMENT - ATTITUDES, SKILLS, AND KNOWLEDGE)

Nursing Assistant Program

Student________________ Home School____________ Quarter________

Attitude Evaluation

	Excellent	Satisfactory	Needs Improvement
ATTENDANCE			
Number of days absent____			
Number of days tardy____			
Calls when absent or tardy			
Makes up work promptly			
LEADERSHIP			
Volunteers for responsibility			
Carries throught with responsibility			
Expresses themselves well in front of group			
Takes an active part in class discussion			
ABILITY TO WORK WITH PEOPLE			
Good communication skills			
Sensitive to other people			
Cheerful and helpful with team members			
ACCEPTING SUPERVISION			
Pays attention well			
Accepts correction			
Acts on suggestions			
INITIATIVE AND RESPONSIBILITY			
Uses time well			
Completes class assignments when due			
Complete patient care assignments			
Carries out procedures as taught			
Understands nursing care plans			
Able to see and provide for patient needs			
PROFESSIONALISM			
Good personal cleanliness			
Hair, hands and nails well groomed			
Professional appearance in uniform			
Professional behavior in hospitals			
Knowledge and application of medical ethics			

The Nursing Assistant Program is designed to prepare the students to give basic patient care in a nursing home, convalescent home, acute hospital or a private home, or to prepare the students for additional training in professional nursing or an allied medical occupation.

Knowledge And Skills Evaluation (competencies)

	Excellent	Satisfactory	Needs Improvement
Patient Safety			
Positioning and Transport			
Body Mechanics			
Bed Making			
Asepsis			
Vital Signs			
Charting and Record Keeping			
Patient Bathing			
Patient Grooming			
Admission and Discharge			
Nutrition and Feeding			
Lab Specimen Collection			
Enema and Colostomy Care			
First Aid CPR			
Intake and Output			
Geriatric Care			
Terminology			
Job Seeking Skills			
Clinical Performance			
Expanded Experience			

Credit Standing

Quarter____________ Semester____________

Honors____________

Satisfactory____________

Unsatisfactory____________

____
Student's Signature

____
Teacher's Signature

____
Date

Comments____

____

APPENDIX G

(STUDENT SKILLS ASSESSMENT)

Nursing Assistant

QUARTER________________ABSENCES__________TARDIES________STUDENT____________

ATTENDANCE:

WORK READINESS

NAME PIN

WATCH

PEN & PAPER

READINESS TO WORK

HAIR

SHOES

OUTSTANDING	SATISFACTORY	NEEDS IMPROVEMENT
7-6	5-4-3	2-1

	1.	BEDSIDE UNIT
7-6-5-4-3-2-1		Neatness of bedside unit
7-6-5-4-3-2-1		Bedmaking - occupied
7-6-5-4-3-2-1		Bedmaking - unoccupied
7-6-5-4-3-2-1		Disposal of linen
	2.	NURSING CARE PROCEDURES
7-6-5-4-3-2-1		Vital Signs - BP, P, R, temps oral & rectal
7-6-5-4-3-2-1		Baths - shower, tub, bedbaths, hair, nails
7-6-5-4-3-2-1		Oral Care - mouth, teeth, dentures
7-6-5-4-3-2-1		Perineal Care
7-6-5-4-3-2-1		Care & prevention of decubitus (sheepskin, pads)
7-6-5-4-3-2-1		Back rub
7-6-5-4-3-2-1		Colostomy care & irrigation
7-6-5-4-3-2-1		Enemas
7-6-5-4-3-2-1		K-Pad HWB Ice cap & collars
7-6-5-4-3-2-1		Catheter Care

7-6-5-4-3-2-1		Give & remove bedpan & urinal
7-6-5-4-3-2-1		Answer patient call bells promptly
7-6-5-4-3-2-1		Dress patients, shave, AEH, glasses
7-6-5-4-3-2-1		Admit surgical patient back to room
7-6-5-4-3-2-1		Empty N/G bottle
7-6-5-4-3-2-1		UA - midstream catheter
7-6-5-4-3-2-1		Application of traction
7-6-5-4-3-2-1		Diabetic urine - keto clinitest & acetest test tape
	3.	SAFETY
7-6-5-4-3-2-1		Medical asepsis (handwashing)
7-6-5-4-3-2-1		Side rails
7-6-5-4-3-2-1		Restraints
7-6-5-4-3-2-1		Fire Protection
	4.	BODY MECHANICS
7-6-5-4-3-2-1		Transportation - bed to W/C, W/C to bed commode
7-6-5-4-3-2-1		Positioning - body alignment, turning, lifting
7-6-5-4-3-2-1		Ambulating
	5.	DIETARY
7-6-5-4-3-2-1		Identify diet tray
7-6-5-4-3-2-1		Serving trays
7-6-5-4-3-2-1		Feeding patients
7-6-5-4-3-2-1		Record intake
	6.	WARD ADMINISTRATION
7-6-5-4-3-2-1		Admission of patient (explain procedure) Care of pt., clothing & valuables
7-6-5-4-3-2-1		Discharge of patient
7-6-5-4-3-2-1		Assist with deceased patients
	7.	CHARTING
7-6-5-4-3-2-1		Graphic, vital signs, diabetic
7-6-5-4-3-2-1		Recording I & O
7-6-5-4-3-2-1		Nurses notes & nursing care plan
	8.	EQUIPMENT
7-6-5-4-3-2-1		Location
7-6-5-4-3-2-1		Care & use of thermometers, bedpans, urinal, suction
	9.	ISOLATION
7-6-5-4-3-2-1		Gowning
7-6-5-4-3-2-1		Contaminated materials & supplies
7-6-5-4-3-2-1		Clean material & supplies
	10.	COMMUNICATIONS
7-6-5-4-3-2-1		Listening & behaviors
7-6-5-4-3-2-1		Accepts correction
7-6-5-4-3-2-1		Gentleness & respect
7-6-5-4-3-2-1		Able to carry out assignment, follow instructions

Nursing Assistant
Procedure Check List*

PROCEDURE	Class	Checked by	Date	Satisfactory or Unsatisfactory
Clean Units				
Unoccupied Bed				
Occupied Bed				
Bed Bath				
Giving & Removing: Bed Pan				
Urinal				
Complete A. M. Care				
Oral Hygiene				
Denture Care				
Hair Care				
Nail Care				
Skin Care				
Shave Male Patient				
Foley Catheter Care				
Recording Intake & Output				
Demonstrate Proper Use of Body Mechanics				
Demonstrate Proper Transfer Activities				
Hoyer Lift				
Demonstrate Positioning to Prevent Contractures				
Prevention of Decubitus Ulcers				
Feed Patient				
Protective Restraints				
Tub Bath				
Shower				

*Procedures list can be adapted to any curriculum.

PROCEDURE	Class	Checked by	Date	Satisfactory or Unsatisfactory
Soap Suds Enema				
Colostomy Care				
Suppository for B.M.				
Bowel and Bladder Training				
Douche				
Practice Range of Motion				
Collection of Specimens				
Clinitest				
B/P				
T.P.R.				
Ambulatory Aides				
Admission and Discharge				
Heights & Weights				
Care of the Patient with I.V.				
Application of Binders & Bandages				
Assist with Post Mortum Care				
Steam Inhalations				
Alcohol Sponges				
Application of Hot & Cold				
Oxygen				
Isolation				
Charting				
Care of the Patient in a Cast				
Care of the Patient in Traction				
Fire Safety				
Fundamentals of First Aid				

COMMENTS:

APPENDIX G

Clinical Experience Evaluation

Student____________________________Assignment__________________________

Week of______________________________________

	Mon	Tues	Wed	Thurs	Fri
Attendance					
Attitude					
Patient - Nurse Rapport					
Organization of assignment					
Knowledge of procedures					
Performed procedures correctly					
Completed assignment					
Left patient confortable, unit tidy					
Patient observation and reporting					
Work diary completed					

Comments____

____

____

____

APPENDIX G

(STUDENT SELF-ASSESSMENT)

A self evaluation of my relations with others

Directions: Read each statement carefully and then place a cross (x) in the column that best describes your usual behavior in reaction to others

INVENTORY OF BEHAVIOR PRACTICES	SOMETIMES	USUALLY	NEVER
1. I carry out my promises			
2. I go out of my way to help others			
3. I refrain from exaggeration			
4. I avoid using sarcasm			
5. I make an effort to be modest about my achievements			
6. I enjoy working with other people			
7. I cooperate with others in social situations			
8. I avoid losing my temper when people annoy me			
9. I wear clean clothes			
10. I avoid criticizing others behind their backs			
11. I feel sorry about the misfortunes of others			
12. I give help when it is needed			
13. I avoid telling others when they should do			
14. I listen courteously when others are talking			
15. I avoid showing temper tantrums			
16. I am cheerful and happy			
17. I avoid arguing with others			
18. I disapprove of gossiping			
19. I speak in a quiet, controlled voice			
20. I complete my work on time			
21. I avoid asking for special consideration			

INVENTORY OF BEHAVIOR PRACTICES	SOMETIMES	USUALLY	NEVER
22. I practice tolerance			
23. I avoid flattering people for my own gain			
24. I avoid embarrassing others by unkind remarks			
25. I return what I have borrowed promptly			
26. I am careful of my appearance			
27. I tell the truth			
28. I accept blame for my failures			
29. I am loyal to my friends			
30. I am loyal to my family			
31. I am loyal to my place of business			
32. I respect my instructors and supervisors			
33. I put things where they belong			
34. I am punctual in meeting appointments			
35. I consider the interest of my friends			
36. I avoid showing jealousy of the success of others			
37. I try to accept all persons as individuals even though I may not agree with their behavior			
38. I try to be patient while others are learning			

(1. Distribute at the beginning of class and ask student to store in a safe place. You might suggest they work on their perceived weaknesses.
2. After the first 8-12 weeks, ask students to re-evaluate themselves.
3. At end of school year or program, students evaluate themselves a third time. At this time they may share if desired.)

APPENDIX G

(FINAL EVALUATION FORM)

DENTAL ASSISTING PROGRAM OBJECTIVE: The Dental Assistant Program is designed to prepare students for entry-level employment in dental services or for additional training in dental occupations.

KNOWLEDGE AND SKILLS	Superior	Adequate	Needs Improvement
Dental Materials			
Coronal Polish			
Custom Tray			
Fluoride Treatment			
Anesthesia			
Matrix and Wedge			
Rubber Dam			
Dental Psychology			
Nutrition			
Temporary Crowns			
Pit & Fissure Sealant			
Clinical Training			
ATTITUDES			
Attendance			
Responsibility and Initiative			
Personal Grooming			
Ability to Accept Supervision			
Ability to Work Independently			

(Fold here)

STUDENT____________________________

HOME SCHOOL__________________________

SEMESTER______________

CREDIT STANDING____________GRADE________

Comments:

____
Student's Signature Date

____
Instructor's Signature Date

Trainee ______________________________

Dental Assistant Attitude Evaluation

Date ________________________ Qtr. ________

CLASSROOM WORK	SUPERIOR	ADEQUATE	NEEDS IMPROVEMENT
ATTENDANCE	☐ Absent ___ days or less ☐ Rarely or never tardy ☐ Calls in if late or absent	☐ Absent _______ days ☐ Occasionally tardy ☐ Calls in sometimes	☐ Absent ____ or more days ☐ Frequently tardy ☐ Does not call in
RESPONSIBILITY AND INITIATIVE	☐ Assignments come in on time ☐ Volunteers and takes part in discussions, etc. ☐ Does a very thorough job ☐ Sees things to do and does them	☐ Assignments usually on time ☐ Usually answers if asked ☐ Does only the required work ☐ Does work if directed	☐ Assignments often late ☐ Even when asked, seldom answers ☐ Erratic about completing work ☐ Often needs prodding
PERSONAL GROOMING	☐ Always dresses acceptably ☐ Hair always well groomed ☐ Over-all appearance good	☐ Usually dresses acceptably ☐ Hair usually well groomed ☐ Over-all appearance average	☐ Attire often inappropriate or in need of attention ☐ Hair often needs attention ☐ Over-all appearance poor
ABILITY TO ACCEPT SUPERVISION	☐ Always accepts and acts on suggestions ☐ Can follow minimum directions ☐ Listens; pays attention ☐ Accepts reprimands honestly ☐ Handles disagreements tactfully	☐ Usually accepts directions and acts ☐ Sometimes misses instructions ☐ Usually pays attention ☐ Accepts reprimands fairly well ☐ Fair ability to handle disagreements	☐ Overly sensitive to suggestions ☐ Often needs retelling ☐ Visits during presentation ☐ Defensive about reprimands ☐ Unable to handle disagreements satisfactorily
ABILITY TO WORK INDEPENDENTLY	☐ Is not easily distracted ☐ Asks for help when needed ☐ Job gets done when not supervised	☐ Occasionally wanders from work when not supervised ☐ Rarely seeks help when needed ☐ Can sometimes finish job without supervision	☐ Slips into visiting when not supervised closely ☐ Needs help; does not ask ☐ Cannot complete work without supervision

____

Student's Signature Date

____

Instructor's Signature Date

APPENDIX H

Sample Forms for Program and Instructor Evaluation

APPENDIX H

(PROGRAM EVALUATION)

TO THE STUDENT

This course was designed to meet your needs and the needs of business and industry. In order to meet these needs, we want you to tell us what you feel we do well and where things might be done better. Do not sign this form.

Thank you

NAME OF TRAINING PROGRAM: ____________________

COURSE

1. How do you rate the quality of your training?
   ______ Excellent
   ______ Good
   ______ Fair
   ______ Poor

2. What part of the skill training has benefited you most?

3. What, if anything, would you like to see changed?

4. What did you expect to learn from this course at this point?

   Were these needs met?

INSTRUCTOR

1. Did you feel the instructor was adequately prepared to teach this course?
   ______ Seldom
   ______ Usually
   ______ Regularly

   Comments:

(Use back of this page for any comments you wish to make about your experiences in the program.)

2. Did the instructor express himself/herself clearly?
_______Seldom
_______Usually
_______Always

Comments:

3. Was the instructor available and helpful to you on an individual or regular basis during your training?
_______Seldom
_______Usually
_______Always

Comments:

4. In your opinion, how do you feel time was used in this course? Check each item below:

	About Right	Too Much	Too Little
Lecture			
Class Discussion			
Reading			
Films			
Field Trips			
In lab or shop			

Comments:

5. In your opinion, did the instructor attempt to cover:
_______Too much
_______Too little
_______About the right amount of course material?

6. Overall, how would you rate the instructor's teaching methods and ability?
_______Above average
_______Average
_______Below average

APPENDIX H

(PROGRAM EVALUATION)

Evaluation of Clinical Experience 3rd Quarter*

1. Which care facility has provided the best learning experiences for you?

2. Would you be interested in exploring any clinical experience further? If so, which one?

3. What do you feel are your strongest nursing skills now?

4. What do you feel are the areas you are weakest and need work on?

5. Do you feel you are a competent nurse aid now? If so, why? If not, why?

6. How could the clinical experiences in the course be improved?

7. Have you changes your career goals because of this class?

*After students have worked at three (3) long term care facilities and two (2) acute care hospitals.

8. Would you be interested in extended experience in a hospital or nursing home (8 hour shift)? If so, where? When could you do this?

9. What area of health care do you enjoy most?

APPENDIX H

Student Opinion of Instructor Effectiveness

Part A

The person who hands this form to you is eager to secure a frank and honest statement from members of the class to help improve his/her teaching. Since it is desired that all ratings be anonymous, please do not place your name or any other mark of identification on your copy of the form.

You are asked to give your opinion on each of the twenty questions listed below by placing a check on the line in the position that best indicates your judgement. The higher ratings will be more toward the left and the lower ratings toward the right.

1. PREPARATION FOR CLASS MEETINGS

A ' ' B ' ' C ' ' D ' ' F

Meetings seem planned with care	Planning sometimes seems inadequate	Little planning evident

2. TEACHER'S INTEREST IN AND ENTHUSIASM FOR SUBJECT

A ' ' B ' ' C ' ' D ' ' F

Definite interest and enthusiasm	Only mild interest and enthusiasm	Apparent tendency toward boredom and indifference

3. SCHOLARSHIP

A ' ' B ' ' C ' ' D ' ' F

Knowledge of subject seems broad and accurate	Knowledge seems deficient at times	Knowledge seems seriously deficient

4. ABILITY TO EXPRESS THOUGHT

A ' ' B ' ' C ' ' D ' ' F

Easy mastery of languages; meaning always clear	Some hesitation; meaning not always clear	Much verbal hesitation and uncertainty; meaning unclear

5. VOICE

A ' ' B ' ' C ' ' D ' ' F

Voice well adapted to classroom; speech distinct and audible	Voice at times unsatisfactory; some do not hear easily	Voice often inaudible; students irritated by inability to hear

6. ASSIGNMENTS

A ' ' B ' ' C ' ' D ' ' F

Assignments clear and carefully given	Sometimes vague, indefinite or hastily given	Usually vague and hastily given

7. CLASS DISCUSSION

A ' ' B ' ' C ' ' D ' ' F

Class discussion highly valuable	Class discussion often of little use	Class discussion largely a waste of time

8. FEELING BETWEEN TEACHER AND CLASS

A ' ' B ' ' C ' ' D ' ' F

Definite positive feelings	Feelings neither positive nor negative	Too many negative feelings

9. SYMPATHETIC ATTITUDE TOWARD STUDENTS

A ' ' B ' ' C ' ' D ' ' F

Always courteous and considerate	Tries to be considerate but finds it difficult at times	Entirely unsympathetic and inconsiderate

10. SENSE OF HUMOR

A ' ' B ' ' C ' ' D ' ' F

Keen and appropriate sense of humor	Occasional touches of humor	Practically no humor

11. SELF-CONFIDENCE

A ' ' B ' ' C ' ' D ' ' F

Always sure of self; meets difficulties with poise	Fairly confident but occasionally disconcerted	Hesitant, timid, uncertain, disturbed by trifles

12. PERSONAL MANNERISMS

A ' ' B ' ' C ' ' D ' ' F

Basically free from annoying or distracting personal mannerisms	Mannerisms not serious or objectionable	Mannerisms a serious detriment to effectiveness

13. EFFICIENCY IN PROCEDURE

A ' ' B ' ' C ' ' D ' ' F

Prompt beginning and ending of class; time fully utilized	Reasonable promptness and use of time	Carelessness about time

14. APPROACHABILITY

A ' ' B ' ' C ' ' D ' ' F

Teacher welcomes conferences and exerts her/himself to be understanding and helpful	Teacher tolerates conferences, and is sometimes helpful to student	Teacher seems to be too busy to afford much time or thought to the student's problems

15. STIMULUS TO THINKING

A ' ' B ' ' C ' ' D ' ' F

Abundance of new and stimulating ideas and viewpoints	Occasional new and stimulating ideas	Little attempt to develop new and stimulating ideas

16. VALIDITY OF TESTS

A ' ' B ' ' C ' ' D ' ' F

Tests correspond closely to course materials	Tests sometimes include material not covered by teaching or assignment	Tests seem to have little relation to course material

17. FAIRNESS IN GRADING

A ' ' B ' ' C ' ' D ' ' F

Absolutely fair and impartial to all	Shows occastional favoritism	Constantly shows partiality

18. MAJOR OBJECTIVES OF COURSE

A ' ' B ' ' C ' ' D ' ' F

Major objectives clearly explained and made obvious throughout course	Major objectives vaguely expressed and rarely emphasized	Major objectives never mentione or made apparent

19. STANDARDS

A ' ' B ' ' C ' ' D ' ' F

Requires high standards   Fairly easy going   Anything will do

20. GENERAL RATING OF TEACHER

If all the teachers with whom I have taken work were divided into three (3) groups, all qualities considered, I would place this one

A ' ' B ' ' C ' ' D ' ' F

In top third   In middle third   In lowest third

Part B

The following is a list of suggestions for the teacher. Place checks before those items which seem pertinent to you, leaving the others blank.

The effectiveness of the teacher's work might be increased by:

_____A More visual aids
_____B More tests and examinations
_____C Fewer tests and examinations
_____D More required outside preparation
_____E Less required outside preparation
_____F Less emphasis on memorizing in examinations
_____G A mimeographed outline of the course for the student
_____H Other suggestions for effectiveness? (Please specify)

The teacher should:

_____A Use English of a higher standard
_____B Reduce the monotony of his/her speaking
_____C Use fewer unfamiliar words
_____D Present material more slowly
_____E Do less moving about while lecturing
_____F Make blackboard writing more legible
_____G Be less hasty in erasing useful material from the blackboard

Additional suggestions:

_____A Work demanded in this course is excessive for the amount of credit
_____B Work demanded in this course is lighter than average for the amount of credit
_____C Effectiveness of teaching in this course would be helped by the setting up of more rigorous prerequisites
_____D More time should be devoted to answering the questions of students

What is your opinion of the text?

( ) Good   ( ) Fair   ( ) Poor

What is your opinion of the number of examinations?

( ) About Right   ( ) Too many   ( ) Too few

Other comments? (Please use the space on the back of this form for more space.)

APPENDIX I

Sample Forms for Follow-Up and Completion

APPENDIX I

(EMPLOYER FOLLOW-UP SURVEY*)

Employer Survey

1. To what extent has your office hired Yourtown Skills Center graduates in the past?

_____Frequently _____Occasionally _____2 hired
_____Never _____Don't Know _____1 hired

2. How many employees were hired in this office last year?

_____None _____One _____Two

3. How many do you expect to hire within the next two years?

_____One _____More than one (Specify) _____Don't Know

4. Do you anticipate the entry level skills for this job to be the same two years from now? How will they differ?

_____Yes _____Basically _____Not sure

5. Does your company provide in-house office training in which this employee is eligible to participate?

_____Yes _____No

6. What specific recommendations would you make for Yourtown Skills Center in training people in this occupation?

6A. List skills and knowledge you feel should be emphasized, which apparently were not emphasized, in our training program.

(*Sample is used for surveying physicians and dentists who typically hire a relatively small number of employees. The form would need to be expanded to survey those who employ large numbers of graduates in more than one job category.)

6B. List skills and knowledge you feel should be de-emphasized, which apparently were emphasized in our training program.

_____None _____Not Sure

7. How much specialized training should this employee position require:

_____None _____Less than 1 year _____one to two years

_____more then two _____depends on employees

8. Please rate the occupational training received by the graduate in the following areas:

	Very Good	Good	Adequate	Poor	Very Poor
Technical knowledge	____	____	________	____	____
Work attitude	____	____	________	____	____
Work quality	____	____	________	____	____
Overall rating	____	____	________	____	____

9. As a result of this person's occupation training, how would you rate his/her preparation in relation to other beginning employees in his/her work group?

_____no basis for comparison

_____individual is better prepared

_____both are about the same

____individual is less prepared

Comments:

10. OTHER COMMENTS:

APPENDIX I

(STUDENT FOLLOW-UP SURVEY*)

Vocational Education - Follow-Up Report

Students Name ______________________________ ____________________
(Last) (First) (Initial) (Maiden Name)

Address ______________________________ Phone # ____________

Birthdate ____________ Soc. Sec. # ____________ Sex ___ ___
Mo Day Yr. M F

Name of Parent or Guardian ______________________________

Address ______________________________
(city) (state) (zip)

Phone # ____________

Ethnic Origin: Am. Indian/Alaskan Native ____
Asian Amer. or Pacific Islander ____
Black not Hispanic ____
Hispanic ____
White not Hispanic ____

Special Needs Information: Handicapped ____ Disadvantaged ____
Limited English Proficiency ____

School Attended ____________ Home School ____________

Program Name ____________ Program Code ____________

Date Graduated ____________

Program Status: Completer ___ ___ Entry Level Skills ___ ___
Yes No Yes No

****

(*This form was developed for use with a telephone survey linked to a computer system. With such a system, clerical or nonprofessional personnel can conduct the survey and enter the responses directly into the computer.)

1. Are you in the MILITARY full-time? ________ Branch ____________
   Yes - No

   Is your military activity directly or closely related to your Vocational training ______ ______
   Yes No

2. Are you currently enrolled in SCHOOL? Full-time___ Part-time___ No__

   Is your educational program related to your Vocational Training Program? _____ _____ _____ Program _______________.
   Yes No N/A

3. Are you EMPLOYED? _____ _____ Hours per week____ Gross Salary$____ per Hr.
   Yes No

   Is the work related to your Vocational Training Program? _____ _____ _____
   Yes No N/A

   Job title______________ Duties______________

   Supervisor______________ Phone__________

   Name of Company______________________

   Address______________________________

4. If not employed, are you actively seeking work? _____ _____
   Yes No

   If not actively seeking work, reason: Disability___ Personal___
   Temporary layoff___ Other___
   Pregnancy ___ N/A___
   Change of Family Status___
   Unwilling to move to new locality ___

5. Would you recommend that other students take the same vocational program you took? _____ _____
   Yes No

6. Have you ever been employed in a job related to your Vocational program _____ _____
   Yes No

6. Have you ever been employed in a job related to your Vocational program _____ _____
   Yes No

7. Did you complete your Voc. training program with VA education assistance while on active duty in the U. S. Armed Services? _____ _____
   Yes No

COMMENTS:______________________________

____

____

APPENDIX I

(STUDENT FOLLOW-UP SURVEY*)

Vocational Skills Center
Exit Form

Dear Graduate:

I am sending you this questionnaire in an effort to keep a record of the graduates from our vocational programs. It will be very beneficial if you would take a few minutes to answer the following questions to the best of your ability.

All information is strictly confidential.

Thanks for your cooperation.

Sincerely,

Director
Vocational Skills Center

1. Name ______________________ ______________________ High School Attended
2. Permanent Address ______________________ ______________________ Today's Date
3. Permanent Phone Number __________ ______________________ Skills Center Program Attended
4. Parent/Guardian ______________________________
5. Parent/Guardian Address ______________________________
6. Parent/Guardian Phone Number ______________________________
7. List the name, address and phone number of someone (other than your parent or guardian) who will always know of your address:

   Name ______________________________

   Address ______________________ Phone ______________
8. Present Marital Status: ☐ Single ☐ Married
9. What is your present job status?

   ( ) Working full time
   ( ) Homemaker exclusively
   ( ) Working less than 30 hrs per week
   ( ) Not working - seeking a job
   ( ) Not working - due to disability
   ( ) Not working - lack of qualifications
   ( ) Other ______________________ Explain

   ( ) Military Service
   ( ) Attending School

   ______________________ Name of School

   ______________________ Program

(*Mailed to program graduates)

10. What is your present job title or classification?________________

11. What is the name and address of your place of work?________________
Name

____
Street City State Zip

12. How much did your vocational education prepare you for: (check one in each column)

A. Your first full time job after graduation?	B. Your present job?
☐ a great deal	☐ a great deal
☐ some	☐ some
☐ very little	☐ very little
☐ not at all	☐ not at all

13. What was your beginning hourly wage on your first job since leaving the Skills Center?

☐ Less than $3.50/hour
☐ $3.51 to $3.99/hour
☐ $4.00 to $4.99/hour
☐ $5.00 to $5.99/hour
☐ $6.00 to $6.99/hour
☐ $7.00 or more per hour

14. Are you generally satisfied with the vocational training you received at the Skills Center?

☐ YES ☐ NO

15. What recommendations would you make to improve the program you attended at the Skills Center?

Thank you very much for taking our survey. Please return to:

Director
Vocational Skills Center
Yourtown, Washington 98900

(CERTIFICATE FOR ACHIEVEMENT BY COMPETENCY)

STUDENT ______________________

CERTIFICATE OF ACHIEVEMENT
HEALTH OCCUPATIONS

SCHOOL DISTRICT
OCCUPATIONAL/VOCATIONAL EDUCATION

PERSONAL CHARACTERISTICS Place an "X" in the proper column	Excellent	Good	Average	Fair	Poor	Does Not Apply
Personal Appearance and Cleanliness						
Speech						
Manners						
Relationship with Fellow Employees						
Attendance						
Willingness to Learn						
Care of Equipment						
Follows Good Safety Practices						
Ability to Communicate						
Ambition						
Utilization of Time						
Quality of Work						
Quantity of Work						
Ethics						

_______ Hours Clinical Experience

_______ % Attendance

S-0000- Nursing Assistant
Course Number

LEARNING EXPERIENCE/ACHIEVEMENT Place an "X" in the proper column KNOWLEDGE OF:	Excellent	Good	Average	Fair	Poor	Does Not Apply
Career orientation						
Medical ethics						
Professional standards						
Professional appearance						
Nurse aide responsibilities & limitations						
Confidentiality						
Patient rights and responsibilities						
Observation skills						
Communication skills						
Patient safety						
Body mechanics						
Anatomy of body systems						
Physiology of body systems						
Medical asepsis						
Medical terminology						
Nutritional needs						
Diet modification						
Patients with special needs						
Reality orientation						
Rehabilitative care						
Growth and development						

LEARNING EXPERIENCE/ACHIEVEMENT Place an "X" in the proper column ENTRY LEVEL JOB SKILLS:	Excellent	Good	Average	Fair	Poor	Does Not Apply
Communication with patients						
Observation of patients						
Professional appearance						
Team cooperation and responsibility						
Use of safety devices						
Patient transport and positioning						
Handwashing and isolation techniques						
Temperature, pulse, respiration						
Blood pressure						
Recording and charting						
Patient bathing						
Special skin care techniques						
Oral hygeine						
Hair and nail care						
Bed making						
Tray preparation and feeding						
Intake and output						
Specimen collection and testing						
Hot and cold application						
First aid certification						
CPR certification						
Range of motion exercises						
Bladder and bowel training						

THE   SCHOOL DISTRICT HEALTH OCCUPATIONS ADVISORY COMMITTEE is made up of employers and employees within the health occupations industry. A few of their functions are to help plan facilities, establish standards, determine qualifications of instructor, provide occupational information and placement opportunities for students.

APPENDIX I

VOCATIONAL HIGH SCHOOL

135 South Aloha Avenue, Yourtown, Washington 98000

in cooperation with

the Community Hospital and the ACME CONVALESCENT CENTER

presents this

Certificate of Completion

To ________________________________

having satisfactorily completed ___ hours of study and training, and having satisfied certification as prescribed in WAC 308-232-030 for Program #S-0000

NURSING ASSISTANT COURSE

Awarded this ______ *day of* ____________, *19*__

at Yourtown, Washington

____

Yourtown High School

____

Community Hospital

____

Acme Convalescent Center

(Consider printing a wallet-sized certificate also)

ANNOTATED BIBLIOGRAPHY

ANNOTATED BIBLIOGRAPHY

This section of the Guide provides bibliographic detail for references throughout the text plus a listing of texts, curriculum guides and other reference materials of potential use to the health occupations teacher. In order to facilitate use of this section, each entry has been coded by topic in the left hand margin.

Topic Key:

CD = Curriculum Development. Refers to materials primarily of use in writing goals and objectives, developing learning activities, and evaluating vocational curriculum.

D = Dental. Texts and references aimed primarily at dental-related programs.

GH = General Health. References targeted at more than one health occupations program or at health programs in general.

HC = Health Careers. Refers to materials on the topic of health-related careers.

N = Nursing. Texts and references for nursing programs.

OH = Other Health. Materials aimed at a specific health program other than nursing or dental related.

SE = Sex Equity. Materials on the topic of promoting sex equity.

SN = Special Needs. Refers to material designed to promote better education of special needs students (handicapped or disadvantaged).

Abendroth, R. B. Occupational information: An annotated bibliography of free or inexpensive materials. Olympia: Research Coordinating Unit, Washington State Commission for Vocational Education, 1980.

GH One complete cluster is devoted to health related materials.
HC Good source of materials for health careers. Available from NWVCMC.

Ashley, W. L., Hindes, T. L. and Justice, F. L. Health occupations task inventories/strategies for curriculum. Columbus: Instructional Materials Laboratory, The Ohio State University, 43210, no date.

CD The purpose of this manual is to provide vocational educators with a resource that explains how task survey techniques can be used in developing and maintaining valid vocational curriculum.

Birchenall, J. and Streight, M. E. Introduction to health careers. Philadelphia: J. B. Lippencott, 1978.

HC Provides both information and exploratory learning experiences in a variety of health careers.

Bloom, B. S. (ed). Taxonomy of education objectives. Handbook I: Cognitive domain. New York: David McKay, 1956.

CD Describes the taxonomy, developing education objectives on the basis of the hierarchy, and problems encountered in classifying objectives and test exercises. The book also provides a detailed account of each level of the cognitive domain.

Caldwell, E. and Hegner, B. Geriatrics: A study of maturity. (3rd ed.). Albany, NY: Delmar, 1981.

TB The authors deal with the development of aging, special needs of older people, and conditions of illness.

Cross, A. A. (ed). Vocational instruction. Arlington, Virginia: American Vocational Association, 1979.

CD This text is an excellent reference for both vocational instructors and administrators. Major sections are included on the foundations of learning, planning and developing the curriculum, instructional strategies, instruction for students with special needs, student organizations, and appraising instruction.

Douglas, M. A. and Williamson, C. Secretarial dental assistant. Albany, NY: Delmar, 1976.

D This text focuses on the clerical aspects of work in a dental office.

East Texas State University. Units of instruction. Health occupations education. Volume I (Teacher's Guide). Commerce: East Texas State University Occupational Curriculum Laboratory, 1978. (ED 170-681).

GH Ten units on health occupations are presented in this teacher's guide. Each instructional unit contains performance objectives, instructor and student activities, and content, as well as transparency masters, job sheets, student assignment sheets, and objective tests.

Federal Register, Monday, October 3, 1977. Part VI (Rules and Regulations for Education Amendments of 1976, P.L. 94-482, Vocational education, state programs and Commissioner's discretionary programs).

SN These are the rules and regulations for the Vocational Education Amendments of 1976.

Gillespie, W. and Redford, J. Health occupations education: A review of the literature. Columbus: The Ohio State University, National Center for Research in Vocational Education, 1980.

GH This is an update of the review of literature in health occupations education from 1969-1979 through the ERIC system. Topics covered include program planning, curriculum development and materials, the learning process and strategies, and evaluation.

Hall, S. P. and Hirsch, F. L. Finger tip reference for dental materials. Albany, NY: Delmar, 1980.

D This reference presents a hands-on, procedural approach to the preparation of clinical dental materials. It is designed to be used with the dental assisting student and/or as a chairside reference for use in the private dental office. The back of the book includes a reference section with a list of suppliers of dental materials.

Health Insurance Institute. Health education materials and the organizations that offer them. Washington, D.C.: Health Insurance Institute, 1850 K St. N.W., 20006, no date.

GH This pamphlet lists the names and addresses of several hundred organizations (insurance companies, health organizations, private publishers and government agencies) which offer information on disease prevention and health education. All of the materials are low-cost or free.

Hill, C. L. Vocational instructional materials for allied health education. Washington, D.C.: Human Resources Management, 1980.

GH Includes films, bulletins, handbooks, catalogs. Information on studying health careers (many pamphlets and booklets are available for free). Items are annotated so you can screen for usability. Organized by topic. Some information would be useful as teaching material. Includes items on handicapped.

Hanabuth, L. S., Ehrhart, M. K. and Peltzer, J. T. Nursing assistants and the long-term health care facility. Hagerstown, MD: Harper and Row, 1977.

N The authors of this book focus on the special skills needed for working with people in the closing years of their life cycle. The book is designed to supply information necessary for accreditation of geriatric nursing assistant programs.

Huber, H., Spatz, A. and Coviello, C. Homemakers home health aide (and Instructor's Guide). Albany, NY: Delmar, 1980.

OH The focus of this book is on the understanding and skills needed by a homemaker home health aide. Chapter topics include an overview of normal body function, understanding age-related problems, caring for patients with acute and chronic disorders, homemaking procedures with an emphasis on nutrition, and patient care procedures.

Illinois State Board of Education. A guide for teachers and administrators--Health occupations at the secondary level. Springfield: Illinois State Board of Education, 1977. (ED 181 331).

GH This guide is designed primarily to assist local administrators and teachers in planning and implementing secondary level vocational health occupations programs.

Iowa State University of Science and Technology. Promoting sex equity in the classroom. Module 8. Health occupations education, Revised 1980. Ames: Iowa State University, 1980.

SE One of a series of modules relating to sex equity in vocational education, this resource presents teaching strategies unique to the health occupations education classroom. Strategies are grouped by sex equity guideline categories: Art, language, and content. In addition to specific strategies, instructional suggestions based on common strategies are adapted in an example lesson plan for both a secondary and post-secondary class.

Jackson, J. Health occupations--Dental assistant. Kit No. 62. Instructor's manual and student learning activity guide. Columbia, SC: Clemson University and South Carolina State Department of Education, 1978. (ED 169 351).

D An instructor's manual and student activity guide for a dental assistant program are provided in this set of prevocational education materials related to health occupations. The instructor's guide provides administrative detail, while the student activity guide provides illustrated, step-by-step instructions for completing each instructional objective.

Krathwohl, D. R., Bloom, B. S. and Masia, B. B. Taxonomy of educational objectives. Handbook II: Affective domain. New York: David McKay, 1964.

CD Writing objectives in the affective domain can be difficult, but this book helps ease the burden. The taxonomy provides a reasonable hierarchy for the subject and gives plenty of examples.

Lutz, J. F. *A survey of certification requirements for secondary and post-secondary teachers of health occupations in the United States*. Knoxville: University of Tennessee, 1977. (ED 170-559).

GH Compares certification requirements for health occupations education teachers across the United States. The requirements vary widely and educators from each state can gain from learning what is required elsewhere.

Lorenzen, B. J. *Examination review for dental assistants*. Albany, NY: Delmar, 1981.

D The review is designed to help those preparing for board exams.

Lynch, B. L. *Writing objectives for health related instruction: A self-instructional manual*. Gainesville: Florida University Center for Allied Health Instructional Personnel, 1978. (ED 174 787).

CD Designed for instructors or students who will be instructors in health-related occupations. This manual provides basic instruction in writing behavioral objectives.

Mason, R. E. and Haines, P. G. *Cooperative occupational education* (2nd ed.). Danville, IL: The Interstate Printers and Publishers, 1972.

CD This is a classic reference on developing and operating vocational programs using the cooperative method.

Matthews, M. and McCune, S. *Try It, You'll Like it! A students introduction to nonsexist vocational education*. Washington, D.C.: Resource Center on Sex Roles in Education, National Foundation for the Improvement of Education, 120 16th St., N.W., 20056, no date.

SE This resource is specifically designed for students. The readings and suggested activities help them examine information and questions related to men's and women's roles in the world of work and how those roles are changing.

Mayes, M. E. Nurse's aide study manual. Philadelphia: W. B. Saunders, 1976.

N This book was designed as a guide and reference for those studying to be nurse's aides. Units include orientation and hospital ethics, anatomy and physiology, and basic procedures for patient care.

Millikan, M. E. Understanding human behavior. (3rd ed.). Albany, NY: Delmar, 1981.

GH This book is used frequently as a text or resource in the area of human behavior and the health worker. The book is written specifically for those working in health fields, with chapters dedicated to self understanding as well as to understanding the behavior of others.

Nassau County Board of Cooperative Educational Services. Occupational education for students with special needs. Personal services, health oriented. Westbury, NY: Author, 1975. (ED 186 593).

SN This curriculum guide is one of a series of specialized guides for occupational education for the marginal, handicapped, or special needs occupational education student. The guide includes learning activities and performance objectives for each topic.

Nebraska State Department of Vocational Education. Competencies for articulation: health occupations. Lincoln, Nebraska: Lincoln Public Schools, Southeast Community College, 1977. (ED 194 753).

GH Designed to help articulate vocational education students' progress from one level of training to another and to employment, this health occupations guide lists 59 competencies for patient care and doctor's office work. The format for each competency is (1) task statements, (2) test of conditions and limitations for performance, and (3) criteria for acceptable performance.

Oaks, M. M. and Oaks, M. K. "Industrial arts and its contribution to the education of the disadvantaged." In Maley, D. and Starkweather, K. (eds.). The contributions of industrial arts to selected areas of education. Bloomington, IL: McKnight, 1982.

SN The discussion of the characteristics of disadvantaged learners and ways to improve their opportunities for educational success is as appropriate to health occupations as to industrial arts.

Oklahoma State Department of Vocational and Technical Education. Health occupations education: Health services careers. Stillwater: Oklahoma State Department of Vocational and Technical Education Curriculum and Instructional Materials Center, no date. (ED 174 796).

GH HC Twenty-four units on health service careers are presented in this teacher's guide. The units are organized into four sections: Orientation Health and First Aid, Body Structure and Function, Applied Skills, and Basic Health Assistant Skills. Each instructional unit contains performance objectives, instructor and student activities, and content as well as transparency masters, job sheets, student assignment sheets and objective tests.

Orlich, D. C. Conducting meaningful needs assessments. Pullman: Washington State University, Department of Education, 1981.

CD This reference not only discusses what needs assessments are and why they should be done, but provides many examples as well.

Oyler, C. and Swinney, P. Curriculum guide for health occupations education. (Revised and expanded). Amherst, Massachusetts: National Evaluation Systems, Inc., 1977. (ED 181 232).

GH Designed to emphasize the acquisition of job skills, job-practical knowledge, job-theoretical knowledge, and associative needs, this curriculum guide utilizes principles of competency-based education and is reflective of a training model approach to health occupations education. Includes resource materials, a guide for program development, and a set of 28 LAPs related to health occupations.

Pennsylvania State University. A procedure manual for the health assistant curriculum: Final report. University Park: Author, 1979. (ED 172 020).

GH A secondary education health assistant curriculum procedure manual for six occupational areas (nursing assistant, home health assistant, medical/dental office workers, dental assistant, medical assistant and medical laboratory assistant) is presented. Each procedure states a performance objective, safety factors, equipment and supplies needed, and steps for performing the procedure. Many of the procedures also include instructor checklists.

Phelps, L. A. and Lutz, R. J. Career exploration and preparation for the special needs learner. Boston: Allyn and Bacon, 1977.

SN This reference provides an overview of various categories of special needs learners and how to prepare and implement vocational curriculum for these students. Provides an integrated system for diagnosing special needs learners and developing appropriate learning activities for them.

Rambo, B. J. Ward clerk skills. New York: McGraw-Hill, 1978.

OH The skills detailed in this text were identified from occupational research as the critical tasks of a ward clerk. An explanation of both the knowledge and skills involved are included.

Reynolds, M. C. and Birch, J. W. Teaching exceptional children in all America's schools. Resont, VA: The Council for Exceptional Children, 1977.

SN Provides some specific "how to's" in changing the curriculum so it is appropriate for special needs learners.

Richardson, R. E. and Barton, R. E. The dental assistant. (5th ed.). New York: McGraw-Hill, 1978.

D This is a comprehensive text that gives a general coverage of dentistry and some fundamental procedures.

Schniedman, R., Lambert, S. and Wander, B. Being a nursing assistant (Plus student workbook and instructor's guide). (3rd ed.). Bowie, MD: Robert J. Brady, 1981.

N This text includes the basics in nursing assistant training, plus separate chapters on pre- and post-operative nursing care, extended care patients, home health care, and care of the dying patient. A student workbook and instructor's guide can also be purchased.

Schwartz, E. R. and Potter, L. F. Foundations of patient care. Philadelphia: J. B. Lippincott, 1981.

N Major focus of this text is on body structure and function and on growth and development. Other units include

communication skills and responsibilities of the health care worker. Instructor's guide also available.

Temple University. Health occupations modules.
Health careers--I. General (ED 173 664).
Communication in health occupations (ED 173 665).
Ethics I (ED 173 669).
Ethics II: The health care team (ED 173 670).
Philadelphia: Temple University Division of Vocational Education, 1978.

GH These modules on health careers are four of eight modules
HC designed for individualized instruction in health occupations
education programs at both the secondary and post-secondary
levels.

Thornton, L. J. and others. Medical assisting reading strategies, 1980 vocational reading series. Harrisburg: Pennsylvania State Department of Education, Bureau of Vocational and Technical Education, 1980. (ED 192 018).

OH Medical Assisting Reading Strategies is one of five instruc-
SN tional guides in a series. Developed to assist teachers
working with students considered disadvantaged because of
reading deficiency, the guide contains several strategies,
suitable for adaptation, specifically related to medical
assisting instruction. Each of six sections into which the
guide is divided contains information material and extensive
examples and exercises.

Tyler, R. W. "Curriculum planning in vocational education," in Aleene A. Cross (ed.), Vocational instruction. Arlington, VA: American Vocational Association, 1979.

CD Tyler is an acknowledged national leader in curriculum design. This chapter adapts his ideas to vocational curriculum development.

U.S. Department of Health, Education and Welfare. Resurge '79. Manual for identifying, classifying and serving the disadvantaged and handicapped under the Vocational Education Amendments of 1976 (PL 94-482). Washington, D.C.: DHEW, Office of Education, no date.

SN Provides a good overview of the legislation and of ways to classify and provide services for special needs students.

U.S. Department of Labor. Dictionary of occupational titles. (4th ed.). Washington, D.C.: Author, 1977.

CD Describes occupations by area according to the U.S. Department of Labor.

U.S. Department of Labor. Health careers guidebook. (4th Ed.). Washington, D.C.: USDOL Employment and Training Administration, 1979. (ED 178 781).

HC This guidebook provides a listing of individual health careers and descriptions. Preceeding that is a brief overview of the health field followed by suggestions and procedures for effective career planning and a section regarding the use and availability of financial aid with suggestions for application. There is also a health careers calendar which gives the number of years of required training beyond high school level for each occupation.

U.S. Department of Labor. Occupational outlook handbook. (1980-81 Ed.). Washington, D.C.: Author, 1980.

CD A valuable reference in forecasting employment trends in all areas.

The vocational curriculum catalogue. Northwestern Vocational Curriculum Management Center. Olympia: Washington State Commission for Vocational Education, Bldg. 17, Airdustrial Park, 98504. (Current edition)

EH Make sure you get a current catalogue each year. Write and request one, or stop by the NWVCMC if you are in Olympia. The Center is well worth a visit.

The catalogue is divided by topic category, with several pages yearly of items related to health occupations. Some are available on loan without charge from the NWVCMC.

Washington State Commission for Vocational Education. Vocational education personnel training for special populations. Olympia: Author, 1980. (Available from RCU.)

SN Guidelines for developing curriculum and providing instruction for disadvantaged and handicapped students in vocational education. Includes examples for each stage and suggestions for further reading.

Washington State Office of the Superintendent of Public Instruction. Development of problem solving skills for vocational and educational achievement. Beginning teacher's manual. Olympia: Author, 1975 (Rev. 1979).

SN A manual designed to help disadvantaged students in vocational classes learn problem solving skills. Available from the Program Specialist, Special Needs, SPI.

Washington State Office of the Superintendent of Public Instruction. Districtwide plan for vocational education. Form SPI M-138. Olympia: Author (current edition).

CD The districtwide plan includes an annual application and five-year comprehensive plan for the state. Copies are available from vocational directors at the local level or from the Program Supervisor for T & I, T & HO at SPI.

Washington State University. Curriculum for graduate program to prepare vocational education curriculum specialists. Module 1: Developing curriculum goals, objectives, and instructional plans. Pullman: Washington State University, Department of Education, 1976.

CD This resource gives information on "how to", plus examples and learning activities related to these aspects of curriculum development. Available from the NWVCMC.

Washington State University. Curriculum for graduate program to prepare vocational education curriculum specialists. Module 2: Evaluating and using needs assessment and manpower information. Pullman: Washington State University, 1976.

CD One of a series of modules developed to prepare curriculum specialists in vocational education. This module discusses needs assessments from the viewpoint of vocational education. Available from the NWVCMC.

Wisconsin State Department of Public Instruction. Health occupations education in Wisconsin's secondary schools: A curriculum guide. Madison: Author, 1976 (ED 170 526).

GH This document contains teaching guides for the two courses included in Wisconsin's Health Occupations Education Curriculum, which is designed to help students become informed consumers of health care services and to determine individual suitability for pursuing vocations in the health field. This curriculum is also designed to help prepare students for entry into post-secondary education and training programs in health-related occupations and/or entry level employment in the health industry.

Zenger, W. F. and Zenger, S. K. Writing and evaluating curriculum guides. Belmont, CA: Ferron Publishers, 1975.

CD A relatively short and to-the-point book on developing curriculum guides. Most of the suggestions fit in nicely with the "Sequential Approach to Vocational Curriculum Development."